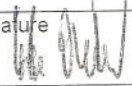


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

# 10 DAYS WAIVER

CK8947

Date of Notification (1) <b>02 / 09 / 17</b>		Name of Building Owner/Operator (2) <b>New Jersey Institute of Technology</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  FEB 16 2017  ASBESTOS CONTROL &amp; </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>323 Dr. Martin Luther King Jr. Blvd.</b> City, State, Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>Mr. Joseph Myers</b>			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJIT - Central High School</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>363-383 Martin Luther King Jr. Blvd. (100 Summit Street)</b>				Square Feet <b>300,000 SF</b> # of Floors <b>4</b> Bldg. Age <b>40+</b>					
City (5) <b>Newark</b>		County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental Services, Inc.</b>		ASCM No. <b>120</b>		Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>					
Street Address <b>280 Huyler Street</b>		City, State, Zip Code <b>South Hackensack, NJ 07606</b>		Street Address <b>494 E. 41 Street</b> City, State, Zip Code <b>Paterson, NJ 07504</b>					
Project Manager for Monitoring Firm <b>Eric Gelhaus</b>		Telephone No. <b>201-489-8700</b>		Telephone No. <b>973-345-0022</b> License No. <b>00507</b>					
Start Date (10) <b>02 / 10 / 17</b>		Scheduled Completion Date (11) <b>02 / 12 / 17</b>		Name of OSHA Monitor <b>East Coast Haz Mat Removal, 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: <b>AM-4:00PM/ PM-1:00AM</b>				Street Address <b>494 E. 41 Street</b> City, State, Zip Code <b>Paterson, NJ 07504</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) 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
Fifth Floor-Mech Room # 1-Turret	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster-Beam Penetration	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth Floor-Mech Room # 2-Turret	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster-Beam Penetration	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>East Coast Haz Mat Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>13206</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>GROWS, Inc.</b>				
City, State <b>Paterson, NJ 07504</b>		Disposal Date <b>02-14-2017</b>		City, State <b>Morrisville, PA 12506</b>					
Completed By (Print or Type) <b>Leslie Olszewski</b>		Title <b>Project Manager</b>		Signature 		Date <b>02-09-17</b>			


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

Date of Notification (1) 02/08/17		Name of Building Owner/Operator (2) Ridgewood BOE	
Agencies Notified	Type Notification	Street Address 49 Cottage Pl.	
<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 Ridgewood, NJ 07451	
		Name of Contact Steve Tichenor	Telephone Number _____

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Somerville School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 45 S. Pleasant Ave.		Square Feet 40,000	# of Floors 1
City (5) Ridgewood		Bldg. Age 85 yrs.	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address 20-21 Wagaraw Rd. Building 35E		Street Address 156 Maple Ave.	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 862-221-9092
License No. 01107			
Start Date (10) 02/17/17	Scheduled Completion Date (11) 02/24/17	Name of OSHA Monitor Leslaw Nalodka	
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 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room	*			pipe& joints	36lf.	*			
boiler room	*			breaching	450sf.				

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GCSL	
City, State Newark, NJ		Disposal Date 02/25/17		City, State Pen Argy, I PA	
Completed by Leslaw Nalodka		Title President	Signature 		Date 02/08/17



1583

Print Form

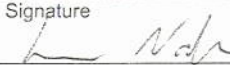
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 02/10/17		Name of Building Owner/Operator (2) Ridgewood BOE	
Agencies Notified	Type Notification	Street Address 49 Cottage Pl.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Ridgewood, NJ 07451	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steve Tichenor	Telephone Number _____

RECEIVED  
FEB 16 2017  
ASBESTOS CONTROL & JG

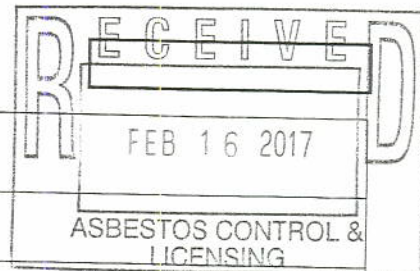
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Orchard School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 230 Demarest St.		Square Feet 28,000	# of Floors 1
City (5) Ridgewood		Bldg. Age 70yrs.	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address 20-21 Wagaraw Rd. Building 35E		Street Address 156 Maple Ave.	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 862-221-9092
Start Date (10) 02/20/17		Scheduled Completion Date (11) 02/25/17	License No. 01107
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 Leslaw Nalodka	
		Street Address 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room	*			pipe& joints	25lf.	*			

Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GCSL
City, State Newark, NJ	Disposal Date 02/25/17	City, State Pen Argyl, PA	
Completed by Leslaw Nalodka	Title President	Signature 	Date 02/10/17

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



Date of Notification (1) 02 / 13 / 17		Name of Building Owner/Operator (2) Katie Richardson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Newark, NJ 07106 Name of Contact Kerrel Pemberton Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Newark, NJ 07106 County (6) Essex		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No.							
Project Manager for Monitoring Firm Telephone No.		973-638-1777 01127							
Start Date (10) 02 / 23 / 17 Scheduled Completion Date (11) 02 / 24 / 17		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
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		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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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 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	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>		Date 02/13/17				

ASB-41

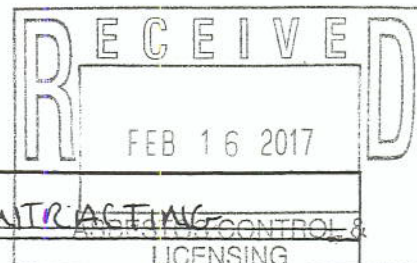
MAY 11

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



CK # 4172

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

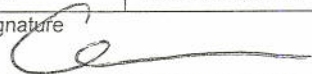


Date of Notification (1) <u>2-11-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>							
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>							
		Name of Contact <u>BRUCE</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCTAW CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>2-21-17</u>	Scheduled Completion Date (11) <u>2-28-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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) <u>2250sf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250sf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>2-11-17</u>			



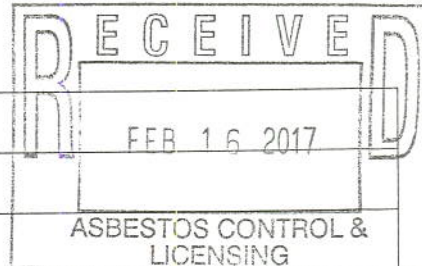
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**CK 5071**

Date of Notification (1) 2/7/17		Name of Building Owner/Operator (2) Pennsauken Township		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB 16 2017  <b>ASBESTOS CONTROL &amp; INSURING</b> </div>					
Agencies Notified	Type Notification	Street Address 5605 N. Crescent Blvd.							
<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 Pennsauken, NJ 08110							
		Name of Contact Tony							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant House				Type of Facility (4)					
Street Address 447 W River Dr				<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) Pennsauken NJ 08110				Square Feet 1000+	# of Floors 2				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 2/16/17		Scheduled Completion Date (11) 2/22/17		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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
exterior siding			x	exterior siding	2000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 2/22/17	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 2/7/17			



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



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
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 checked="" type="checkbox"/> Amended R#4-2/10/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b> Name of Contact <b>ALEX BAYLOR</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>		Square Feet <b>24011</b>	# of Floors <b>3</b>						
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	Bldg. Age <b>70</b>							
County Code (7)		Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.							
Street Address <b>8436 ENTERPRISE AVE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>Off site 2/10/17-on site 2/13/17</b>	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 Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>							
		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT POWER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION & FITTINGS	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>ND</sup> FLOOR JANITOR'S CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTHOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE FITTING INSULATION	10 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 <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>					
City, State <b>BRISTOL, PA</b>		Disposal Date <b>TBD</b>		City, State <b>EGG HARBOR TWP, NJ</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jk</i>				Date <b>12/7/16</b>		

PD16155



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

CE # 3152

Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>FEB 16 2017</b>  <b>ASBESTOS LICENSING</b> </div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#3-2/8/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b>	
		Name of Contact <b>ALEX BAYLOR</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>			Square Feet <b>24011</b>	# of Floors <b>3</b>	Bldg. Age <b>70</b>
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>ON SITE 2/9/17 - 2/18/17</b>		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 Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

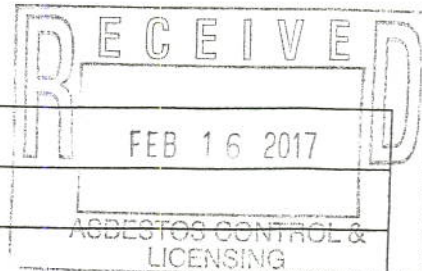
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT POWER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION & FITTINGS	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>ND</sup> FLOOR JANITOR'S CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTHOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE FITTING INSULATION	10 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 <b>BRISTOL ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>
City, State <b>BRISTOL, PA</b>	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>12/7/16</b>



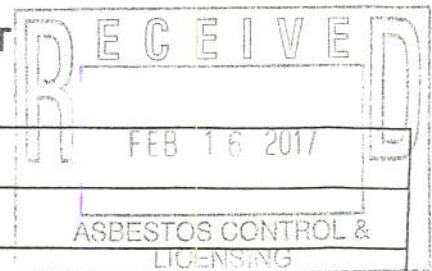
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</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 checked="" type="checkbox"/> Amended R#2-12/29/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b> Name of Contact <b>ALEX BAYLOR</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>		Square Feet <b>24011</b>	# of Floors <b>3</b> Bldg. Age <b>70</b>						
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.							
Street Address <b>8436 ENTERPRISE AVE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>ON HOLD</b>	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 Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b> City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Equipment room and Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>240 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>					
City, State <b>BRISTOL, PA</b>		Disposal Date <b>TBD</b>		City, State <b>EGG HARBOR TWP, NJ</b>					
Completed By (Print or Type) <b>TRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jk</i>			Date <b>12/7/16</b>			



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

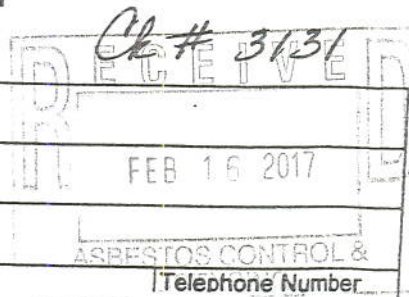


Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-12/20/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b> Name of Contact <b>ALEX BAYLOR</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>		Square Feet <b>24011</b>	# of Floors <b>3</b>						
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	Bldg. Age <b>70</b>							
County Code (7)		Current Use (Prior if being demolished)							
<b>COMMUNICATIONS</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>							
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>December 30, 2016</b>	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 Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>							
		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
cope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>STOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>					
State <b>STOL, PA</b>		Disposal Date <b>TBD</b>		City, State <b>EGG HARBOR TWP, NJ</b>					
Completed By (Print or Type) <b>RICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>			Date <b>12/7/16</b>			



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

*CL # 3131*

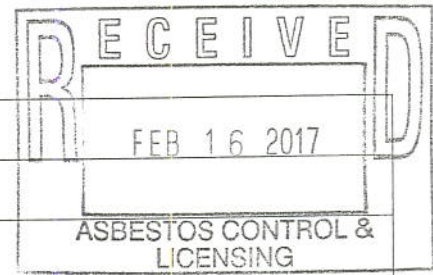


Date of Notification (1) <b>12/7/16</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>0881</i> <input checked="" type="checkbox"/> DOH <i>0850</i> <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>213 S. 3<sup>rd</sup> Street</b> City, State & Zip Code <b>Hammonton NJ</b> Name of Contact <b>ALEX BAYLOR</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office</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>213 S. 3<sup>rd</sup> Street</b>		Square Feet <b>24011</b>	# of Floors <b>3</b>						
City (5) <b>Hammonton</b>	County (6) <b>Atlantic</b>	Bldg. Age <b>70</b>							
County Code (7)		Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>							
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>December 19, 2016</b>	Scheduled Completion Date (11) <b>December 23, 2016</b>	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 Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b> City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Equipment room and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>COL ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>						
State <b>PA</b>	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>							
Prepared By (Print or Type) <b>CK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick P. DeCaro / jcl</i>					Date <b>12/7/16</b>		



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

*no ck*



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>67 Bloomfield Avenue</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Newark New Jersey</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1 - 2/10/17	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</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>67 Bloomfield Avenue</b>			Square Feet <b>46596</b>	# of Floors <b>4</b>	Bldg. Age <b>75</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11)		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 Hours - 7am to 3pm Describe: <b>5:00 PM -1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

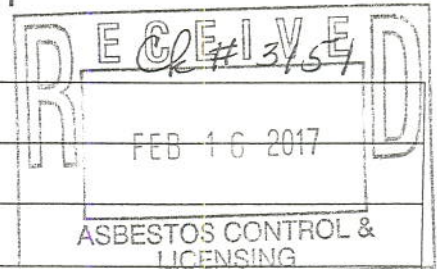
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition  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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Exhaust duct insulation</b>	<b>55 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DECARO</b>	Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. Decaro</i>	Date <b>2/2/17</b>



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



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>67 Bloomfield Avenue</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Newark New Jersey</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL 2972	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 3405	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</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>67 Bloomfield Avenue</b>			Square Feet <b>46596</b>	# of Floors <b>4</b>	Bldg. Age <b>75</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>02/13/17</b>	Scheduled Completion Date (11) <b>2/15/17</b>		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 Hours – 7am to 3pm Describe: <b>5:00 PM -1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

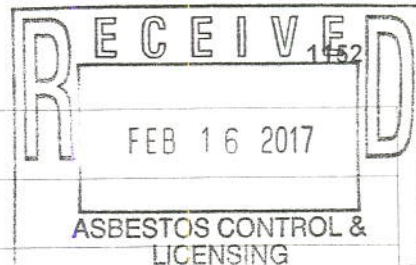
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DECARO</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>2/2/17</b>



CH 1152

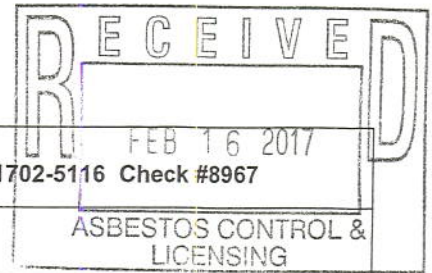
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>February 13, 2017</b>		Name of Building Owner/Operator (2) <b>Highground Industrial</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1 International Blvd</b>							
		City, State, Zip Code <b>Mahwah, NJ 07495</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>120 West Passaic Street</b>		Type of Facility (4)							
Street Address <b>120 West Passaic Street</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Rochelle Park, NJ</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>unknown</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>220 Church Street</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>2/28/17</b>		Scheduled Completion Date (11) <b>12/31/17</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
<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>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet over VAT	3,700 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & mastic	16,200 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	computer floor w- attached VAT & mastic	10,000 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting / Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>299.4</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Newark / Freehold, NJ</b>		Disposal Date <b>12/31/17</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>2/13/17</b>			



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



Date of Notification (1) <u>2</u> / <u>13</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Ocean County Parks &amp; Recreation / Job #1702-5116 Check #8967</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>1198 Brandon Road</b>	
		City, State, Zip Code <b>Toms River, NJ 08753</b>	
		Name of Contact <b>Joe Pirozek</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Berkeley Island County Park</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>399 Brennan Concourse</b>			
City (5) <b>Bayville, NJ 08721</b>		Square Feet	# of Floors
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Park</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		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.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>2</u> / <u>22</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>22</u> / <u>17</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: _____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)

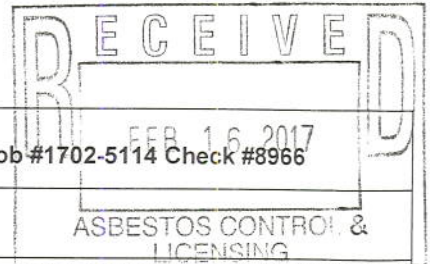
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input 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
County Park	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	108 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/22/17</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>2/13/17</b>	



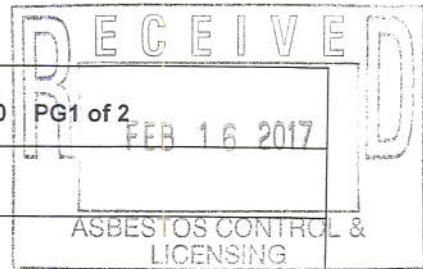
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>2 / 6 / 17</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1702-5114 Check #8966</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Kristen Bell</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</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>One Robert Wood Johnson Place</b>		Square Feet	# of Floors						
City (5) <b>New Brunswick</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone No. <b>201-489-8700</b>	License No. <b>00529</b>						
Start Date (10) <b>2 / 7 / 17</b>	Scheduled Completion Date (11) <b>2 / 8 / 17</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 checked="" 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 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 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
<b>Auditorium Closets</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Wall Pipe Insulation</b>	<b>10 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>3</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/8/17</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>2/16/17</b>			



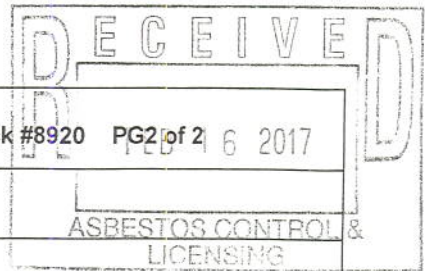
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>2</u> / <u>3</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b> / Check #8920		PG 1 of 2					
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>100 Greenwood Avenue</b> City, State, Zip Code <b>Jenkintown, PA 19046</b> Name of Contact <b>Alex Baylor</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Market CO</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>95 William Street</b>									
City (5) <b>Newark</b>			Square Feet	# of Floors	Bldg. Age				
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Offices</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>8436 Enterprise Ave.</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Philadelphia, PA 19153</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <u>1</u> / <u>9</u> / <u>17</u>		Scheduled Completion Date (11) <u>4</u> / <u>28</u> / <u>17</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/5PM-2AM</u>			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 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
Please see attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached	Please see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	25 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> to 3 <sup>rd</sup> Floor Pipe Chase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	45 total	<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>4/28/17</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>2/2/17</b>			



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



Date of Notification (1) <u>2</u> / <u>3</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b> / Job # <b>Check #8920 PG2 of 2</b> <b>FEB 21 6 2017</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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Greenwood Avenue</b>	
		City, State, Zip Code <b>Jenkintown, PA 19046</b>	
		Name of Contact <b>Alex Baylor</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Market CO</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>95 William Street</b>		Square Feet	# of Floors
City (5) <b>Newark</b>		Bldg. Age	
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>8436 Enterprise Ave.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>1</u> / <u>9</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>28</u> / <u>17</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/5PM-2AM</u>		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"/> Full Containment with Negative Pressure
<input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

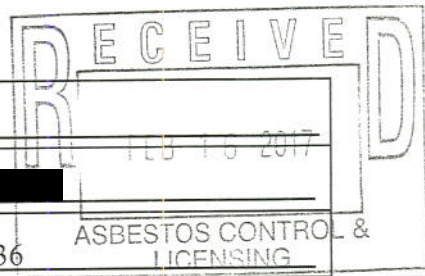
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Loft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	10 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior brick façade/black mastic	1,757 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	88 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking and Glazing	3 windows	<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>4/28/17</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gwendolyn Trumbetti</i>			Date <b>2/2/17</b>



CK #25419

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



Date of Notification (1) <u>2/14/17</u>		Name of Building Owner/Operator (2) <u>Martinez</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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 <u>Linden, NJ 07036</u>	
		Name of Contact <u>Zoila Martinez</u>	Telephone Number <u>(908) 249-5613</u>

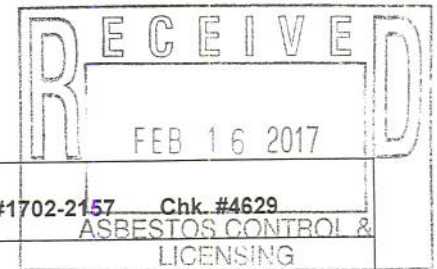
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1600</u>	# of Floors <u>2</u>
City (5) <u>Linden NJ</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(732) 290-2217</u>	License No. <u>00493</u>
Start Date (10) <u>2/24/17</u>	Scheduled Completion Date (11) <u>3/1/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<u>Basement</u>				<u>Thermal Pipe Insulation</u>	<u>22 lf</u>	<input checked="" type="checkbox"/>			
<u>Hall</u>									

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/1/18</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/14/17</u>		



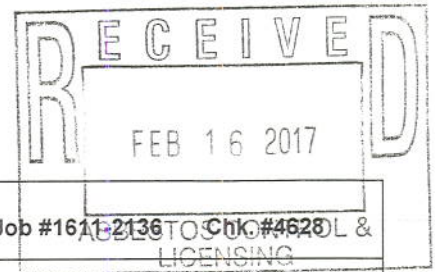
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>2 / 14 / 17</b>		Name of Building Owner/Operator (2) <b>TJC @ Ewing, LLC</b> / Job #1702-2157 Chk. #4629							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>603 First Avenue</b> City, State, Zip Code <b>Raritan NJ 08869</b> Name of Contact <b>Robert Conferti</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Stonegate</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>60 Ewingville Road</b>		Square Feet <b>5381</b>	# of Floors <b>Varies</b>						
City (5) <b>Ewing</b>		Bldg. Age <b>60</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Buildings</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No. Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>PO Box 816</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>						
Start Date (10) <b>2 / 23 / 17</b>	Scheduled Completion Date (11) <b>3 / 1 / 17</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)  64 SF 120 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Carriage House Carriage House				Linoleum Floor Tile and Mastic					
<b>Bliss Cottage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Paper Insulation</b>	<b>2 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Farm House - 2<sup>nd</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>10 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Farm House</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Panel on ground</b>	<b>4 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle Cottage - Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos Paper on Duct boots</b>	<b>4 ea</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>3/1/17</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>2/14/17</b>		



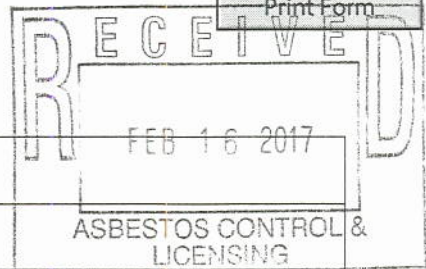
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>12 / 27 / 16</b>		Name of Building Owner/Operator (2) <b>A&amp;H Partnership, LLC</b>		/ Job # <b>1611-2136</b> to <b>Chk #4628</b>					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>69 King Street</b>						
			City, State, Zip Code <b>Dover, NJ 07801</b>						
			Name of Contact <b>Kirk Harpell</b>		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>69 King Street</b>									
City (5) <b>Dover</b>		Square Feet <b>217,800</b>	# of Floors <b>4</b>	Bldg. Age <b>107</b>					
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Warehouse</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>					
Start Date (10) <b>1 / 10 / 17</b>		Scheduled Completion Date (11) <b>2 / 28 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input 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 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) 2nd Floor: 10 LF of pipe insulation 3rd Floor: 12 LF of pipe insulation	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>2<sup>nd</sup> Floor - 2 rooms - COMPLETED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation COMPLETED</b>	<b>640 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor - 1 room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor - 1 room &amp; 2 hallway areas</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>127 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>33 LF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>					
City, State <b>Lafayette, NJ</b>			Disposal Date <b>2/28/17</b>	City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>2/10/2017</b>			



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



Date of Notification (1) 02/13/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club	
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Old Bridge, NJ 08857	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Eric Prieto	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 12-16 Glenwood Dr		Square Feet 6,000	# of Floors 2
City (5) OldBridge, NJ		Bldg. Age 65+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 02/24/2017	Scheduled Completion Date (11) 03/06/2017	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

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

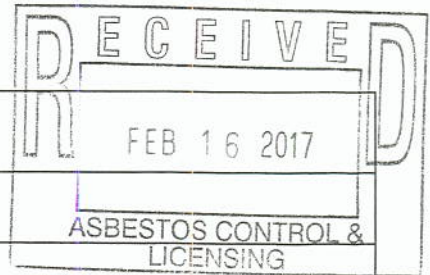
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
12 A-D Glenwood Dr-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
14 A-D Glenwood Dr-Crawl Space	X			Pipe/Elbow Insulation	150 LF	x			
16 A-D Glenwood Dr-Crawl Space	X			Pipe/Elbow Insulation	160 LF	x			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 9 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720			Disposal Date 03/06/2017	City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature 	Date 02/13/2017	



CK1894

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



Date of Notification (1) 02 / 13 / 17			Name of Building Owner/Operator (2) Kessler Management, LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Broad St., Suite 400					
				City, State, Zip Code Bloomfield, NJ 07003					
				Name of Contact Warren Sprake					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 600 S. White Horse Pike									
City (5) Hammonton				Square Feet	# of Floors				
				Bldg. Age					
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 02 / 24 / 17		Scheduled Completion Date (11) 03 / 24 / 17		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ATC		NJDEP Waste Hauler ID No. SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 2/13/17			




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



Date of Notification (1) <u>02</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Alfred Sanzari Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Court House Plaza</b> City, State, Zip Code <b>Hackensack, NJ 07601</b> Name of Contact <b>Glen Poppe</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>1 Essex Street</b>		Square Feet							
City (5) <b>Hackensack</b>		# of Floors							
County (6) <b>Bergen</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <u>02</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</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 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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built up roofing	7,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	7,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	2,000 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Shirley, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>2/14/17</b>			



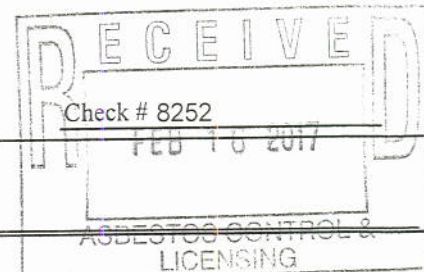
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ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: 	Date: 2/14/17
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State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-18



Date of Notification (1) <u>10/22/14/11/17</u>		Name of Building Owner/Operator (2) <u>Linda Bird</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Boonton, NJ 07005</u>	
		Name of Contact <u>Linda Bird</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Linda Bird</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) <u>Boonton, NJ 07005</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>[REDACTED]</u>		ASCM No. <u>n/a</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
Street Address <u>[REDACTED]</u>			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>[REDACTED]</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm <u>[REDACTED]</u>		Phone Number <u>[REDACTED]</u>	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Scheduled Start Date (10) <u>02/27/2017</u>	Sched. Completion Date (11) <u>02/28/2017</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

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

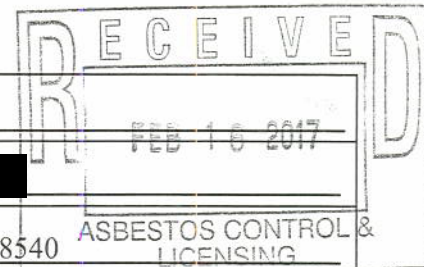
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	46 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/28/2017</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>02/14/2017</u>



CK#25420

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



Date of Notification (1) <u>2/14/17</u>		Name of Building Owner/Operator (2) <u>Skoge</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Monica Skoge</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ 08540</u>		Bldg. Age <u>65+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(732) 290-2217</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>2/27/17</u>	Scheduled Completion Date (11) <u>3/1/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

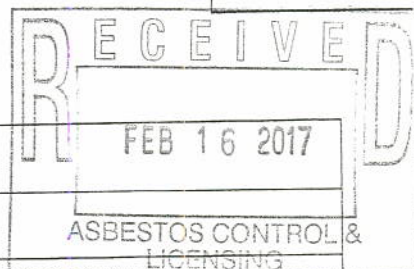
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>20 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Duct Insulation</u>	<u>35 lf</u>	<input checked="" type="checkbox"/>			
<u>Hall</u>				<u>( Wrap and Cut)</u>					

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/1/18</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/15/17</u>		



CK# 7864

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

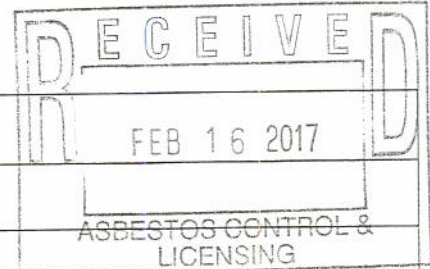


Date of Notification (1) <b>2/15/2017</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JAMES McCABE</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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>1920 US RT. 22 EAST</b>		Square Feet <b>3300</b>	# of Floors <b>1</b>						
City (5) <b>BOUND BROOK</b>		Bldg. Age <b>APPX 50 YRS</b>							
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>GOLF PRO SHOP</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
		License No. <b>01111</b>							
Start Date (10) <b>2/13/2017</b>	Scheduled Completion Date (11) <b>3/31/2017</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</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>OUT DOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
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) In Facility (13) <b>TO BE ABATED</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) <b>7000 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOF</b>		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>7000 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 80</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <b>Carol Raimo</b>			Date <b>2/15/2017</b>			



CK # 7801

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

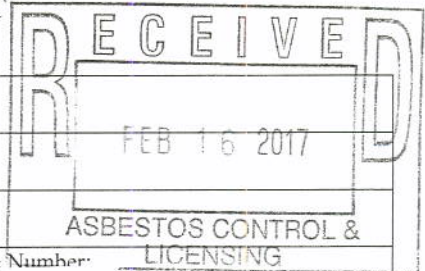


Date of Notification (1) <b>1/25/2017</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JAMES McCABE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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>1920 US RT. 22 EAST</b>		Square Feet <b>3300</b>	# of Floors <b>1</b>						
City (5) <b>BOUND BROOK</b>		Bldg. Age <b>Appx 50 yrs</b>							
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>GOLF PRO SHOP</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>2/13/2017</b>	Scheduled Completion Date (11) <b>2/16/2017</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</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>OUT DOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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 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
<b>ROOF</b>		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>3300 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>		Signature <b>Carol Raimo</b>			Date <b>1/25/2017</b>		



# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 02/14/2017		Name of Building Owner/Operator (2) North Star Academy							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 557 15 <sup>th</sup> Avenue City, State, Zip Code: Newark, NJ 07103 Name of Contact: Mr. Nick Yugo Telephone Number: _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Westside Park Elementary School 557 15 <sup>th</sup> Avenue		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet: 12000 # of Floors: 3 Bldg. Age 112 Current Use : School							
City/ (5) Newark	County (6): Essex	County Code (7): 07103							
Name of Monitoring Firm Hired by Building Owner: Westchester Environmental		ASCM No.: 0127	Name of Abatement Contractor (9): <b>TurningPoint Contracting, Inc.</b>						
Street Address: 307 North Walnut Street,		Street Address: <b>51 Berkeley Terrac</b>							
City, State, Zip Code: West Chester, PA 19380		City, State, Zip Code: <b>Irvington, NJ 07111</b>							
Project Manager for Monitoring Firm: Philip Conteh		Telephone No.: 267-235-5204	Telephone No.: (973) 372-2177 License No.: 01238						
Start Date (10): 02/25/17	Scheduled Completion Date (11): 02/27/17		Name of OSHA Monitor: Metro Analytical Laboratories						
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 type="checkbox"/> Other Describe:		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>							
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Teachers workroom		X		PIPE INSULATION	9 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 2	Name of Registered landfill: MINERVA ENTERPRISES ASSOC., INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Emeka Okeke		Title: President		Signature: 		Date: 02/11/2017			