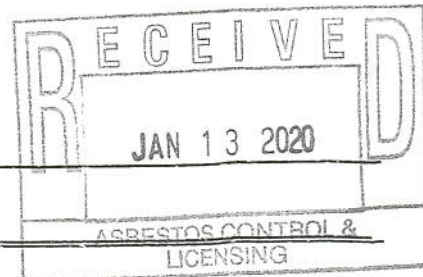


INV-17157

D&S Proj. #: 20-09

CK 5310

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

Date of Notification (1) 01/11/2020		Name of Building Owner/Operator (2) Sharrone Lawrence	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code jersey city, nj 07306	
Name of Contact Sharrone Lawrence		Telephone Number	

FACILITY INFORMATION

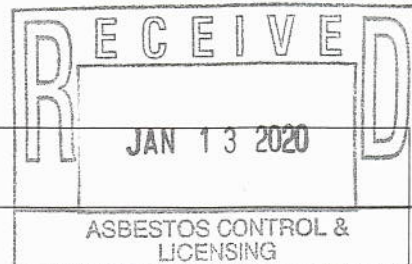
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,600 SF		
City (5) jersey city			County (6) Hudson		# of Floors 02
County Code (7) (State use only)			Bldg. Age 90		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/09/2020			Sched. Completion Date (11) 01/11/2020		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal hours					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

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 w/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)	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	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature 			Date 01/06/2020		

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

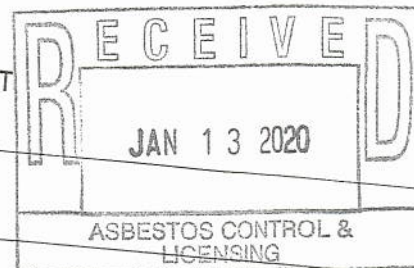
check # 1089
Inv-17189

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



Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Saint Barnabas Medical Center							
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 94 Old Short Hills Road							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Barnabas Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd.		Square Feet 500,000	# of Floors 4						
City (5) Livingston		Bldg. Age 68 + yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.						
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	License No. 01365						
Start Date (10) 06 / 15 / 19	Scheduled Completion Date (11) 06 / 10 / 20	Name of OSHA Monitor Same as above							
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-4:00PM/ PM-12:30AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Grd. Floor Lab Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 th Floor Mechanical Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Fl. - Old Mail Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Newark, NJ		Disposal Date Jan. 2020		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>			Date 1-7-2020		

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



Check # 1082

Date of Notification (1)
11 / 15 / 19

Name of Building Owner/Operator (2)
Saint Barnabas Medical Center

Street Address
94 Old Short Hills Road

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Ron Carvalho as agent

Telephone Number
908-208-3060

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

Type Notification
☐ Initial
☒ Amended
Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Saint Barnabas Medical Center

Street Address
94 Old Short Hills Rd.

City (5)
Livingston

County (6)
Essex

County Code (7)(STATE USE ONLY)

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

Square Feet
500,000

of Floors
4

Bldg. Age
68 + yrs.

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Tactics, Inc.

ASCM No.
N/A

Name of Abatement Contractor (9)
MAK-B Pro, Inc.

Street Address
64 Broad Street

City, State, Zip Code
Matawan, NJ 07747

Street Address
104 Market Street

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Tom Geiger

Telephone No.
732-290-2217

Telephone No.
973-931-3293

License No.
01365

Start Date (10)
06 / 15 / 19

Scheduled Completion Date (11)
06 / 10 / 20

Name of OSHA Monitor
Same as above

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:30PM/11:30PM-AM

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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
Grd. Floor Lab Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 th Floor Mechanical Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	95	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No.
11222

Cubic Yards of Waste
1

Name of Registered Landfill
G.R.O.W.S., Inc.

City, State
Newark, NJ

Disposal Date
Nov. 2019

City, State
Morrisville, PA

Completed By (Print or Type)
Kiril Nestorov

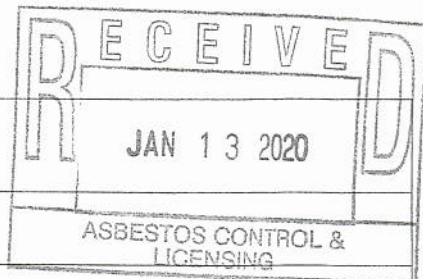
Title
Project Manager

Signature
Kiril Nestorov

Date
11-15-19

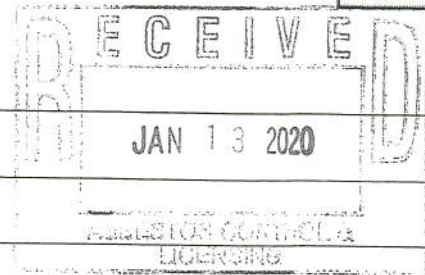
Check #
1059

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



Date of Notification (1) 05 / 31 / 19		Name of Building Owner/Operator (2) Saint Barnabas Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWLD <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 94 Old Short Hills Road City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Barnabas Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd.		Square Feet 500,000	# of Floors 4						
City (5) Livingston		Bldg. Age 68 + yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.						
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	License No. 01365						
Start Date (10) 06 / 15 / 19	Scheduled Completion Date (11) 06 / 10 / 20	Name of OSHA Monitor Same as above							
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: 12AM-____PM/____PM-8AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Grd. Floor Lab Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fittings	8 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 Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Newark, NJ		Disposal Date 6-20-19		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>		Date 5-31-19			

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



Date of Notification (1) 01/07/2020		Name of Building Owner/Operator (2) Joshua Tuzman							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact Joshua Tuzman	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Franklin Lakes		Square Feet 4,500	# of Floors 2						
County (6) Bergen County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 01/18/2020	Scheduled Completion Date (11) 01/20/2020	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥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
Basement			x	VAT Tiles	120 SF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 01/20/2020	City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 01/07/2020					

PAID

CK #1333

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

Inv# 17309

Date of Notification (1) 01 / 09 / 20		Name of Building Owner/Operator (2) Santander Bank, N.A.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 State Street							
		City, State, Zip Code Boston, MA							
		Name of Contact Susan Peck	Telephone Number 617-757-5632						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		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 8 South Main Street									
City (5) Marlboro, NJ 07 746		Square Feet 2,500	# of Floors 1						
		Bldg. Age 45							
County (6) Middlesex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Perlmutter	Telephone No. 908-698-9855	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 01 / 17 / 20	Scheduled Completion Date (11) 03 / 17 / 20	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/7:00 PM-7:00 AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	4,170SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covebase Adhesive	50LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 03/31 /20		City, State Pen Argyl, Pa					
Completed By (Print or Type) Ignatius Marraccino	Title Project Manager		Signature 			Date 1/9/2020			

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

CK#1256

Date of Notification (1) 12 / 25 / 19		Name of Building Owner/Operator (2) Santander Bank, N.A.							
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 75 State Street							
		City, State, Zip Code Boston, MA							
		Name of Contact Susan Peck	Telephone Number 617-757-5632						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		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 8 South Main Street									
City (5) Marlboro, NJ 07746		Square Feet 2,500	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Perlmutter		Telephone No. 908-698-9855	License No. 00774						
Start Date (10) 01 / 11 / 20	Scheduled Completion Date (11) 02 / 09 / 20	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/3:00 PM-1:30 AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	4,170SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covebase Adhesive	50LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 02/09/20		City, State Pen Argyl, Pa					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager		Signature <i>Ignatius Marraccino</i>		Date 12/25/19			

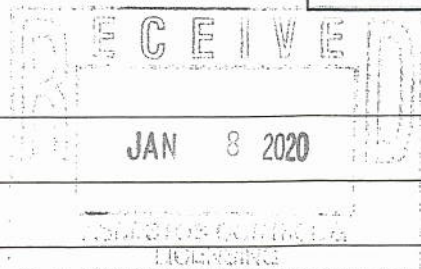
Inv #11302

Print Form

CK 2505

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



Date of Notification (1) 1/6/20		Name of Building Owner/Operator (2) Allen Kovalick		JAN 8 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Glen Rock, NJ 07452 Name of Contact Allen Kovalick Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED] City (5) Glen Rock				Square Feet 2100	# of Floors 2				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Bldg. Age 65+/-					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 1/7/20		Scheduled Completion Date (11) 1/11/20		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	605 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 5 YD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President		Signature 			Date 1/6/20		

INV-17310
CH9109

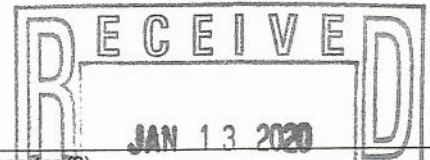
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 13 2020

Date of Notification (1) 1/9/20		Name of Building Owner/Operator (2) MR. DAVID WIESEL		ASBESTOS CONTROL & LICENSING	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code TEANECK, NJ. 07666 Name of Contact MR. WIESEL Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. DAVID WIESEL				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.)	
Street Address [REDACTED]				Square Feet 2000	
City (5) TEANECK				# of Floors 2	
County (6) BERGEN				Bldg. Age 1945	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St		City, State, Zip Code Hackensack, N.J. 07601	
City, State, Zip Code		Telephone No. 201-329-7444		License No. 00388	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental	
Start Date (10) 1/20/20		Scheduled Completion Date (11) 1/21/20		Street Address 280 Huyler St	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM to 5:00PM				City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT		Yes No N/A		Amount (Specify SF or LF) 85 LF	
				THERMAL SYSTEM INSULATION	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2/22/20	
City, State Hackensack, N.J. 07601		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		City, State NEW BURG, PA. 17240	
Completed by J. MAIORANO		Title Estimator		Signature [Signature] Date 1/9/20	

INV-17208
CH 753

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



Date of Notification (1) 1/8/2020		Name of Building Owner/Operator (2) Richard Taddeo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Ali Kiswani	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # 1800 of Floors: 1 Bldg. Age: 51 years old Current Use (prior if being demolished): House	
Street Address [REDACTED]			
City (5) West Orange NJ 07052	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner Consulting Services of America Inc		ASCM No.	Name of Contractor (9) BL Contracting Inc.
9 Glenside Trail		Street Address 5 Marguerite Lane	
Sparta NJ 07871		City, State, Zip Code Towaco NJ 07082	
Project Manager for Monitoring Firm Mike Chain	Telephone Number 732-921-9223	Telephone Number 5 Marguerite Lane	License Number 01265
Scheduled Start Date (10) 01/18/ 2020	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitoring	
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 <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-4:30;00 PM		Street Address City, State, Zip Code	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf $X \geq 160$ sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Basement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	Floor Tiles	750 SF
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 6	Name of Registered Landfill T.R.R.F
		Disposal Date 1/22/2020	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 01/08/2020

CK44974

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

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JAN 13 2020

INV-17307

Date of Notification (1) <u>1-6-20</u>		Name of Building Owner/Operator (2) <u>DAVE TRASH REMOVAL</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>249 W BATE AVE</u>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <u>VILLAS N.J. 08251</u>	
		Name of Contact <u>ANDREW</u>	Telephone Number _____
FACILITY INFORMATION			
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>N. CAPE MAY</u>	<u>08204</u>	Square Feet	# of Floors
County (6)	County Code (7) (STATE USE ONLY)	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		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>01371</u>
Start Date (10) <u>1-16-20</u>	Scheduled Completion Date (11) <u>1-26-20</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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>		<u>X</u>	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>
City, State <u>MAPLE SHADE N.J. 08053</u>		Disposal Date	Name of Registered Landfill <u>C MC MUA</u>
			City, State <u>WOOD BINIE N.J.</u>
Completed By <u>MIKE KLEMM</u>	Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>1-6-20</u>

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JAN 13 2020

CK# 4974
INV-17305

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

Date of Notification (1) <u>1-6-20</u>		Name of Building Owner/Operator (2) <u>HALLIDAY & LEONARD</u>	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>700 HAVEN AVE</u>		City, State, Zip Code <u>OCEAN CITY N.J 08226</u>	
Name of Contact <u>SCOTT</u>		Telephone Number	

FACILITY INFORMATION			
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]		Square Feet	# of Floors
City (5) <u>OCEAN CITY</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>2-1-20</u>	Scheduled Completion Date (11) <u>2-10-20</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"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</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 <u>4</u>	Name of Registered Landfill <u>CMCMVA</u>	
City, State <u>MAPLE SHADE N.J 08053</u>		Disposal Date	City, State <u>WOODBINE N.J</u>		
Completed By <u>MIKE KLEMM</u>	Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>1-6-20</u>		

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

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JAN 13 2020

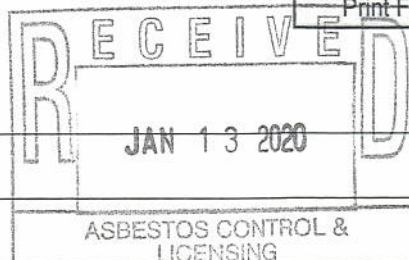
ASBESTOS CONTROL & LICENSING

CK 2510

INV-17304

Date of Notification (1) 1/9/20		Name of Building Owner/Operator (2) Kimberly Heller							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsdale, NJ 07642 Name of Contact Kimberly Heller							
<div>FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hillsdale	Square Feet 2000	# of Floors 2	Bldg. Age 65+/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184						
Start Date (10) 1/18/20		Scheduled Completion Date (11) 1/22/20	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	515 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature			Date 1/9/20		

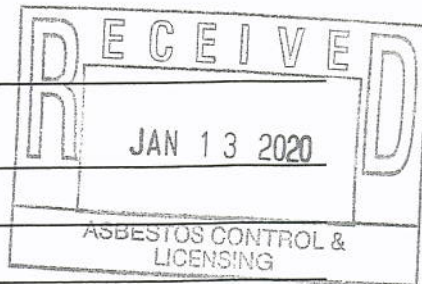
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/9/20 <i>Inv-17274</i>		Name of Building Owner/Operator (2) Susan D'Elia							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rochelle Park, NJ 07662							
		Name of Contact Susan D'Elia	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2550	# of Floors 2						
City (5) Rochelle Park		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 1/13/20	Scheduled Completion Date (11) 1/20/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		x		Plaster	1,191 SF	x			
2nd Fl		x		Plaster	1,148 SF	x			
2nd Fl		x		Pipe Wrap	87 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 1/9/20			

INV-17303
CK 45172

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



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Fine Hall Level a			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Washington Road			Square Feet 90000		
City (5) Princeton			# of Floors 4		
County (6)			Bldg. Age 70+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) classrooms/library		
Name of Monitoring Firm Hired by Building Owner (8) TTI environmental Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 1253 North Church Street			Street Address 98 LaCrue Avenue		
City, State, Zip Code Moorestown NJ 08057			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 610-364-9622		
Telephone Number 609-386-8800			Licence Number 1103		
Scheduled Start Date (10) 01/20/20 Month/Day/Year		Sched. Completion Date (11) 02/17/20 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 7:30 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3 sf or >3 if		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Level a A20,A21,A22		<input checked="" type="checkbox"/>		carpet glue adhesive	9652sf	<input checked="" type="checkbox"/>			
Level A A14,A15,A16,A17,corridor		<input checked="" type="checkbox"/>		carpet glue adhesive	10589sf	<input checked="" type="checkbox"/>			
Level a A14,A15,A16,A17 corridor		<input checked="" type="checkbox"/>		floor tile and mastic	2115sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 60	Name of Registered Landfill GROWS
City, State Voorhees NJ		Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Jack Tomasura	Title senior estimator	Signature <i>[Signature]</i>	Date 1/10/20

PAID

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

Date of Notification (1)

1/8/2020

Name of Building Owner/Operator (2)

Daizy Cunningham

Street Address

City, State, Zip Code

Paterson, NJ, 07501

Name of Contact

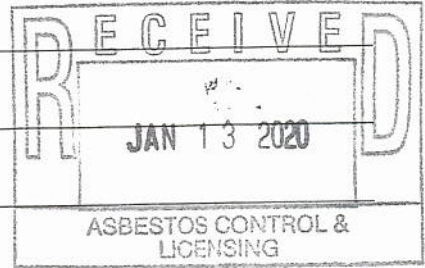
Daizy Cunningham

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Daizy Cunningham

Street Address

City

Paterson

County

07055

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

01 29 20

Month Day Year

Sched. Completion Date (11)

01 30 20

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	70 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

01/31/20

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

1/8/2020

INV-17295
CK3529

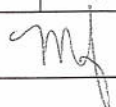
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

JAN 13 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/08/2020		Check #3529		Name of Building Owner/Operator (2) Immaculate Conception High School					
Agencies Notified		Type Notification		Street Address 33 Cottage Place					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Montclair, NJ, 07042 Name of Contact Mr. Mulkinsky					
				Telephone Number 973-454-0767					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Immaculate Conception High School				Type of Facility (4)					
Street Address 33 Cottage Place				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Montclair				Square Feet 5,000+	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ. 07093					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-916-8713	License No. 01074				
Start Date (10) 01/20/2020		Scheduled Completion Date (11) 01/22/2020		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9:00am				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boiler Room		X		ACM Elbows & Insulation	1 LF		X		
Cafeteria		X		Seems	2 LF		X		
Name of Registered Waste Hauler EA Services Corp		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise				
City, State Guttenberg, NJ				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 01/08/2020			

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

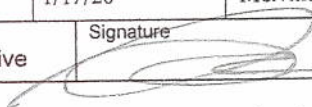
Print Form

RECEIVED

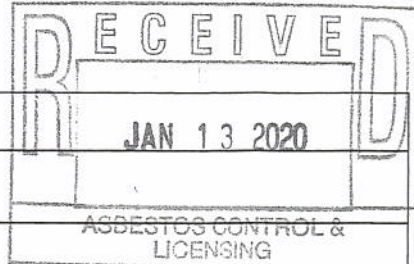
JAN 13 2020

ASBESTOS CONTROL & LICENSING

CK 2794 INV-17294

Date of Notification (1) 1-7-20		Name of Building Owner/Operator (2) Port Authority of NY & NJ						
Agencies Notified	Type Notification	Street Address 241 Erie St						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07310						
		Name of Contact Uday Mehta	Telephone Number 201-595-4881					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) George Washington Bridge		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 Center Avenue and Lemoine Ave Bridges		Square Feet 8000	# of Floors 1					
City (5) Ft. Lee		Bldg. Age 92						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bridge Roadways						
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No.	Name of Abatement Contractor (9) Prestige Development Services! Inc					
Street Address 241 Erie St		Street Address 169 Lincoln Ave Suite 204						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Bronx, NY 10454						
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881	License No. 01620					
Start Date (10) 1/13/20	Scheduled Completion Date (11) 12/31/20	Name of OSHA Monitor Pedro Romero						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 780						
		City, State, Zip Code Brentwood, NY 11717						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Roadways		X		Concrete Encased Transite	800!LF	X		
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW24310	Cubic Yards of Waste 40	Name of Registered Landfill 110 Sand Co				
City, State Shirley, NY		Disposal Date 1/17/20		City, State Melville, NY				
Completed by Sanford Alper		Title Senior Project Executive	Signature 		Date 1/7/20			

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



Date of Notification (1) 01/08/2020		Name of Building Owner/Operator (2) The Vertex Companies, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3322 Route 22 West	
		City, State, Zip Code Branchburg, NJ 08876	
		Name of Contact Kevin Seise	Tel. Number (908)458-9236

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 3001 Woodbridge Ave.		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.)	
City (5) Edison, NJ 08837	Square Feet	# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner		Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC	
Street Address		Street Address 300-2 State Route 17 South - Suite #3	
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644	
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"
Scheduled Start Date (10) 01/24/2020	Scheduled Completion Date (11) 02/24/2020	Name of OSHA Monitor Testor Technologies	
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 10-59 Jackson Ave.	
		City, State, Zip Code Long Island City, NY 11101	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag 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
Main Fl.		X		Pipe Insulation	240 LF	X			

Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill Tri State Transfer Station Landfill	
City, State Lodi, NJ		Disposal Date TBD		City, State Bronx, NY	
Completed by Roque G Schipilliti	Title Project Manager	Signature 		Date 01/08/2020	

INV-17226
B & G proj. #: 2020-07

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

Check # 9824

Date of Notification (1) 01/10/2020		Name of Building Owner/Operator (2) Manalapan Englishtown Regional School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 13 2020 ASBESTOS CONTROL & RESTORATION </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 54 Main Street		
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Manalapan, NJ 07726		
		Name of Contact Vince Pietrucha		
		Telephone Number 732-786-2501		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Administration Building *** Sub chapter 8 ***			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 54 Main Street			Square Feet # of Floors Bldg. Age		
City (5) Englishtown, NJ 07726	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) Admin bldg.		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385		Street Address 105 Ryerson Road			
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Joseph Capone		Phone Number 609-652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/08/2020		Sched. Completion Date (11) 01/16/2020			
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: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
kitchen/breakroom			<input checked="" type="checkbox"/>	VAT & mastic	242 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen/breakroom			<input checked="" type="checkbox"/>	Joint compound	192 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/08/20 - 01/16/20	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/06/2020

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

B & G proj. #: 2020-07

Check # 9810

Date of Notification (1)
1/12/2019

Name of Building Owner/Operator (2)
Manalapan Englishtown Regional School District

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
54 Main Street

City, State, Zip Code
Manalapan, NJ 07726

Name of Contact
Vince Pietrucha

RECEIVED	
JAN 13 2020	
ASBESTOS CONTROL & LICENSING	
Telephone Number	732-786-2501

FACILITY INFORMATION

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

Street Address
54 Main Street

City (5)
Manalapan, NJ 07726

County (6)
Monmouth

County Code (7)
(State use only)

Type of Facility (4)
☒ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
Admin bldg.

Name of Monitoring Firm Hired by Bldg. Owner (8)
AHERA Consultants, Inc.

ASCM No.
00057

Street Address
P.O. Box 385

City, State, Zip Code
Oceanville, NJ 08231

Project Manager for Monitoring Firm
Joseph Capone

Phone Number
609-652-1833

Scheduled Start Date (10)
01/08/2020

Sched. Completion Date (11)
01/16/2020

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf

☐ wrap & cut
☒ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
kitchen/breakroom			<input checked="" type="checkbox"/>	VAT & mastic	242 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"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
4

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
01/08/20 - 01/16/20

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

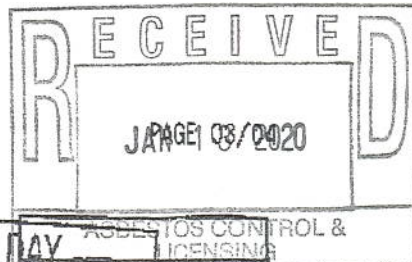
Title
Secretary/Treasurer

Signature

Gordana Luna

Date
12/26/2019

PAID



Check#3525

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:80 and 8:16)

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01 / 08 / 20		Name of Building Owner/Operator (2) Herb Mack	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED] City, State, Zip Code Plainfield, NJ 07060	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Herb Mack	
		Telephone Number	

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Plainfield, NJ 07060			
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 01 / 09 / 20		Scheduled Completion Date (11) 01 / 10 / 20		Telephone No. 973-356-3511	
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				License No. 01127	
				Name of OSHA Monitor Envirovision Consultants, Inc	
				Street Address 20-21 Wagaraw Road, Bldg. # 35E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf
☐ > 180 sf or >280 lf

- ☒ Renovation
☐ Demolition

- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 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	135 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJ DEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 01/08/2020	

ASB-41
MAY 11

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

Ch1378

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

Print Form
RECEIVED
JAN 13 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/08/2020		Name of Building Owner/Operator (2) New Jersey Community Capital							
Agencies Notified	Type Notification	Street Address 108 Church Street, 3rd Floor	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick NJ 08901							
		Name of Contact New Jersey Community Capital	Telephone Number 973.841.2674 ext 334						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 520 St Joe Street		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 520 St Joe Street		Square Feet	# of Floors						
City (5) Trenton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 01/21/20	Scheduled Completion Date (11) 01/22/20	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Paper on Beams	10LF	x			
						x			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill MERCER COUNTY					
City, State LAKEWOOD, NJ			Disposal Date 01/22/20	City, State TRENTON NJ					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 01/08/2020			

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

RECEIVED

JAN 13 2020

ASBESTOS CONTROL & LICENSING

Ch 1379

Date of Notification (1)
01/08/20 *Inv-17286*

Name of Building Owner/Operator (2)
Timster Trucking

Street Address
128 Bartlett Avenue

City, State, Zip Code
West Creek, NJ 08092

Name of Contact
Timster Trucking

Telephone Number
609-294-4900

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
[REDACTED]

Street Address
[REDACTED]

City (5)
Manahawkin

County (6)
Ocean

County Code (7)
(STATE USE ONLY) *08050*

Type of Facility (4)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
home

Name of Monitoring Firm Hired by Building Owner (8)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
[REDACTED]

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
[REDACTED]

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
[REDACTED]

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
01/19/20

Scheduled Completion Date (11)
01/20/20

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: _____

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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
EXTERIOR				SIDING	1800SF	x			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
01/20/20

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN


Title
OWNER

Signature
[REDACTED]

Date
01/08/20

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

JAN 13 2020

Date of Notification (1) 1/9/20		Name of Building Owner/Operator (2) Nathaniel Eiseman Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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	City, State, Zip Code Manahawkin NJ 08005							
		Name of Contact Nathaniel	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nathaniel Eiseman Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2						
City (5) Manahawkin NJ 08005		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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. 609-685-9984	License No. 00727						
Start Date (10) 1/20/20	Scheduled Completion Date (11) 1/24/20	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			x	duct insulation	90 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/24/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/9/20		

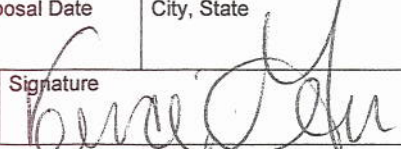
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 07 / 20			Name of Building Owner/Operator (2) Jean Pleis						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
		City, State, Zip Code Clayton, NJ		JAN 13 2020					
Name of Contact Jean Pleis			Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Clayton		Square Feet 1,626	# of Floors 2	Bldg. Age 1968					
County (6) Salem		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address		Street Address 958 Jackson Rd							
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-561-1901	License No. 01158					
Start Date (10) 01 / 16 / 20		Scheduled Completion Date (11) 01 / 30 / 20		Name of OSHA Monitor Graham-Tech Environmental Services, 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: 7AM-11:30PM/ _____ PM- _____ AM				Street Address 958 Jackson Rd					
				City, State, Zip Code Mays Landing, NJ 08330					
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) 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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos vermiculite Insulation	200SqFt	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing				
City, State				Disposal Date	City, State				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 1-7-2020			

Inv# 17184
OK1011 PAID

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

Ch# 1011

Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Robert C. Knecht, Jr		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 13 2020 ASBESTOS CONTROL & LICENSING </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 <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Belmawr, NJ 08031			
		Name of Contact Robert C. Knecht, Jr				Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>									
City (5) Belmawr, NJ 08031				Square Feet 1,626	# of Floors 2				
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.					
Street Address				Street Address 958 Jackson Rd					
City, State, Zip Code				City, State, Zip Code Mays Landing, NJ 08330					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-561-1901	License No. 01158				
Start Date (10) 01 / 10 / 20		Scheduled Completion Date (11) 01 / 30 / 20		Name of OSHA Monitor Graham-Tech Environmental Services, 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: 7AM-11:30PM /____PM-____AM				Street Address 958 Jackson Rd					
				City, State, Zip Code Mays Landing, NJ 08330					
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) 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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos vermiculite Insulation	200SqFt	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste 30	Name of Registered Landfill Pioneern Crossing				
City, State				Disposal Date	City, State				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 1-7-2020			

check # 1088

INV# 11190

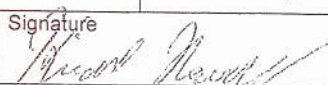
PAID

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

RECEIVED
JAN 13 2020
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Saint Peter's University Hospital		JAN 13 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 254 Easton Avenue		City, State, Zip Code New Brunswick, NJ 08901					
		Name of Contact Ron Carvalho as Agent		Telephone Number (908) 208-3060					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital			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 254 Easton Avenue			City (5) New Brunswick						
City (5) New Brunswick			Square Feet 500,000	# of Floors 6	Bldg. Age 75 + yrs.				
County (6) Middlesex		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.						
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-931-3293	License No. 01365					
Start Date (10) 01 / 20 / 20		Scheduled Completion Date (11) 06 / 30 / 20		Name of OSHA Monitor Same as above					
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-3:30PM/ PM-12:00AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical textured Ceiling material	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" x 1" ceiling tile glue dots	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. North W/M of PA					
City, State Newark, NJ		Disposal Date Feb. 2020		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature 		Date 1-7-2020			

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

Date of Notification (1) 12 / 20 / 19		Name of Building Owner/Operator (2) Saint Peter's University Hospital							
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 254 Easton Avenue City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Ron Carvalho as Agent Telephone Number (908) 208-3060							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital		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 254 Easton Avenue		Square Feet 500,000	# of Floors 6						
City New Brunswick		Bldg. Age 75 + yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.							
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger	Telephone No. 732-290-2217	Telephone No. 973-931-3293	License No. 01365						
Start Date (10) 01 / 08 / 19	Scheduled Completion Date (11) 06 / 30 / 20	Name of OSHA Monitor Same as above							
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: 7:00AM-3:30PM/ PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) 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
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical Plaster Ceiling	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North W/M of PA					
City, State Newark, NJ		Disposal Date January 2019		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature 		Date 12-20-19			

Inv# 17282
PAID

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

Check #2598

RECEIVED
JAN 13 2020
NJ DEPARTMENT OF ENVIRONMENT & NATURE
HOLMBOURNE

Date of Notification (1) 01/03/2020		Name of Building Owner / Operator (2) Palmer Square Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 40 Nassau Street City, State & Zip Code Princeton NJ Name of Contact Steve Delavecchia	
		Telephone Number 201-259-5288	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Office Space			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 44 Nassau Street Suite #370			Square Feet 12000	# of Floors 4	Bldg. Age +50
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residential/Office /Retail		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental LLC		
Street Address		Street Address P O Box 8297			
City, State & Zip Code		City, State & Zip Code Trenton, NJ 08650			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01222	
Scheduled Start Date (10) 01/12/2020		Scheduled Completion Date (11) 01/14/2020		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North City, State & Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

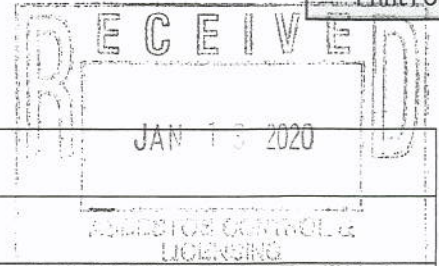
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Suite #370	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL LLC	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date Various	City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i> Date 01/03/2020

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

Date of Notification (1) 1/7/20		Name of Building Owner/Operator (2) Jim & Jean Greaves Private Home		JAN 13 2020					
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		<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Stone Harbor NJ 08247					
				Name of Contact Jeff	Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jim & Jean Greaves Private Home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Stone Harbor NJ 08247				Square Feet 1000+	# of Floors 1				
				Bldg. Age 50+					
County (6) Cape May		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		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) 1/16/20		Scheduled Completion Date (11) 1/22/20		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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1300 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ				Disposal Date 1/22/20	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature		Date 1/7/20			

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



Date of Notification (1) 01/07/2020		Name of Building Owner/Operator (2) Residence							
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	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Sara Faber	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet 1,492	# of Floors 3						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 01/23/2020		Scheduled Completion Date (11) 01/30/2020							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	80 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 01/07/2020					

Inv# 17205 PAID

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

0103

Date of Notification (1) 1/08/20		Name of Building Owner/Operator (2) MC. TEMAN CHURCH							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160-MADISON AVE. City, State, Zip Code ELIZABETH, NJ Name of Contact TEMAN Telephone Number 908-568-5380						
	City, State, Zip Code ELIZABETH, NJ								
	Name of Contact TEMAN								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200SQF. # of Floors 3 Bldg. Age +50							
City (5) ELIZABETH, NJ		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RESIDENTIAL							
County (6) UNION		Name of Monitoring Firm (8) _____ Street Address _____ City, State, Zip Code _____							
Name of Monitoring Firm (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) DINAGO CORP. Street Address 339-LAFAYETTE ST. City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-0877 License No. 01240							
Start Date (10) 1/20/20		Scheduled Completion Date (11) 1/23/20 Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
PIPE INSULATION			X	BASEMENT	80LF.	X			
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHEM LANDFILL				
City, State PO. BOX. 5670, NEWARK, NJ 07105				Disposal Date	City, State BETHLEHEM, PA.				
Completed by CARLOS GOMES		Title PRESIDENT		Signature [Signature]			Date 1-8-20		

07.01.2020 08:53 AM

Inv# 17180

DOL - 10 DAY PAGE 27

CH# 1324

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

RECEIVED
WANTED 5/2/2020 11:17ASBESTOS CONTROL
1/1/2020

Date of Notification (1) 1/7/2020		Name of Building Owner/Operator (2) Perona Farms							
Agencies Notified	Type Notification	Street Address 350 Andover Sparta Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ 07871							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jim Eskin							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Perona Farms		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 350 Andover Sparta Road		Square Feet 10000	# of Floors 3						
City (5) Sparta		Bldg. Age 1940							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Banquet Hall							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00158						
Start Date (10) 1/7/2020	Scheduled Completion Date (11) 1/14/2020	Name of OSHA Monitor Omega Environmental Services, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 of 29 II <input type="checkbox"/> 2160 of 2260 II		<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-Flexible 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	Removed	Repair	Encapsulate	Exhaust
Basement			X	Pipe	150LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04609	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 1/7/2020 On		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>		Date 1/7/2020				

01/07/2020 11:37AM 2013297440

BEST REMOVAL INC

CIC 9106

PAGE 02/04

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

Date of Notification (1) 1/7/20		Name of Building Owner/Operator (2) MS. SUSAN A. ARONSON	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DON <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment to Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code NEW MILFORD, NJ, 07646 Name of Contact MS. ARONSON Telephone Number 1	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. SUSAN A. ARONSON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, hotels, etc.)	
Street Address [REDACTED]		Square Feet 2000	
City (5) NEW MILFORD		# of Floors 2	
County (6) BERGEN		County Code (7) (STATE USE ONLY) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address [REDACTED]		Street Address Best Removal Inc	
City, State, Zip Code [REDACTED]		City, State, Zip Code 450 South River St	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	
Telephone No. [REDACTED]		License No. 00388	
Start Date (10) 1/8/20		Scheduled Completion Date (11) 1/8/20	
Company Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 2:00PM		Name of OSHA Monitor Omega Environmental	
Street Address 280 Huyler St		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Growing Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Plastic Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, vermiculite, MAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Construction Staff? (13) Yes No NA		Amount (Specify SF or LF) 40 LF	
BASE TENT		THERMAL SYSTEMS INSULATION	
Name of Registered Waste Handler Best Removal Inc		NEDEP Waste Handler ID No. 17109	
City, State Hackensack, N.J. 07601		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
Completed by J. MAIORANO		Signature J. MAIORANO	
Title Estimator		Date 1/7/20	

ASB-41

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

2020-01-07 14:50

Shade Environmental 1 >> 609-633-0664

P-274

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

DOL - 10 DAY

JAN 13 2020

Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Dennis Thomas							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Salem, NJ 08079 Name of Contact Dennis Thomas Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thomas Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,280	# of Floors 2						
City (5) Salem	County (6) Salem	County Code (7) (STATE USE ONLY)	Bldg. Age 54						
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Associates, Inc.		ASOM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 355 Drasher Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Morham, PA 19044		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Larry Nagelberg		Telephone No. 215-766-4661	Telephone No. 856-755-0099						
Start Date (10) 01 / 10 / 20		Scheduled Completion Date (11) 01 / 13 / 20	License No. 00842						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fileable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd Floor Bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	93 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 Freehold Garbage		NJDEP Waste Hauler ID No. 16939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 01/13/2020	City, State Morrisville, PA						
Completed By (Print or Type) Christina Fay		Title Vice President of Operations	Signature Christina Fay			Date 01/07/2020			

ASB-41
JAN 13

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

Inv# 17288
CK9108 PAID

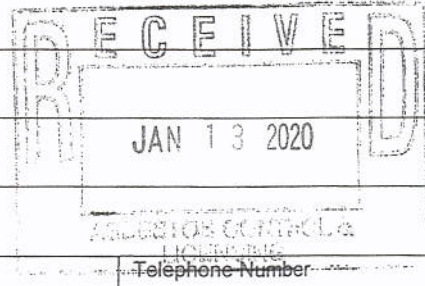
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

check 9108

Date of Notification (1) 1-8-2020		Name of Building Owner/Operator (2) M. STUBBENDECK	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code MAPLEWOOD, NJ 07040
		Name of Contact M. STUBBENDECK	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) M. STUBBENDECK		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 2100	# of Floors 2
City (5) MAPLEWOOD		Bldg. Age 93 yrs	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 1-17-2020	Scheduled Completion Date (11) 1-17-2020	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 5PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
CRAWL SPACE			X
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/4 YD	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601	Disposal Date 1-17-2020	City, State NEWBURGH, PA. 17240	
Completed by R. VELDRAAN	Title Estimator	Signature R. Veldraan	Date 1-8-2020

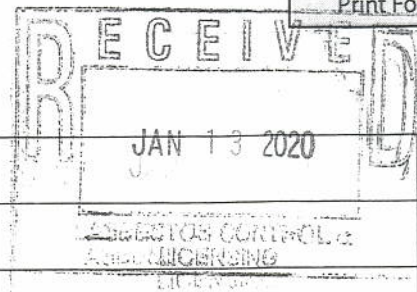
CK 135 Inv # 17207
PAID

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



Date of Notification (1) 01/08/2020		Name of Building Owner/Operator (2) Marilou Constantino							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus NJ 07652							
		Name of Contact Marilou Constantino							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paramus		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Rizov LLC							
City, State, Zip Code		Street Address 246 Gaston Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Garfield NJ 07026							
Telephone No.		Telephone No. (862)262-8006	License No. 01369						
Start Date (10) 01/18/2020	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Rizov LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston Ave.							
<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 Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
Kitchen		x		Blue/White Linoleum	100 SF	x			
Siding		x		Gray Transite	1800 SF	x			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Aleksandra Rizova		Title Owner		Signature 		Date 01/08/2020			

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

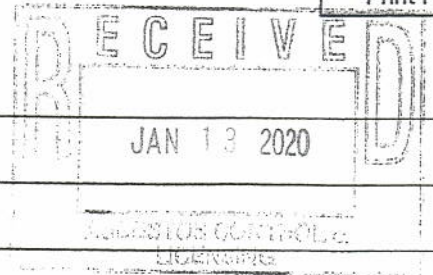


Date of Notification (1) 01/06/2020		Name of Building Owner/Operator (2) Omni Ferrara							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Omni Ferrara	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Little Falls		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973358685	License No. 01311						
Start Date (10) 01/17/2020	Scheduled Completion Date (11) 01/18/2020	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	47 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 01/06/2020		

INV # 17242
CK 2232 PAID

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

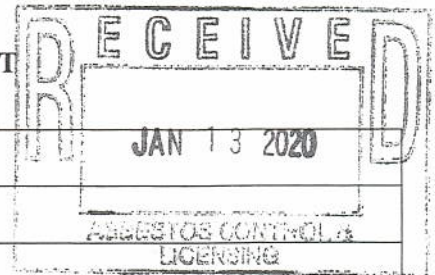
Print Form



Date of Notification (1) 1/7/2020		Name of Building Owner/Operator (2) Borough of Westville		JAN 13 2020					
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 165 Broadway City, State, Zip Code Westville, NJ 08093 Name of Contact Marty Finger Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant SFD			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 235 Edgewater Avenue			Square Feet						
City (5) Westville			# of Floors						
County (6) Camden			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ricco Construction Corp					
Street Address				Street Address 282 Creek Road					
City, State, Zip Code				City, State, Zip Code Bellmawr, NJ 08031					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856.931.3366					
Start Date (10) 1/17/2020		Scheduled Completion Date (11) 4/30/2020		License No. 01339					
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 Other - Describe: _____				Name of OSHA Monitor Andrew Ricco					
				Street Address 282 Creek Road					
				City, State, Zip Code Bellmawr, NJ 08031					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			X	Transite Siding	940SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste		Name of Registered Landfill Salem County			
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title Owner		Signature 		Date 1/7/2020			

Inv# 17153
 CK 9223
 PAID

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



Date of Notification (1): 10/28/19		Name of Building Owner/Operator (2): GREENWOOD VILLAGE	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification () Initial (X) Amendment () Emergency () Cancellation	Street Address: 114 WASHINGTON COURT	
		City, State, Zip Code: HAMILTON, NJ 08629	
		Name of Contact: MR. JIM	Telephone Number: 609-298-5520

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL/APARTMENTS		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 114 WASHINGTON COURT			
City & State (5): HAMILTON, NJ		Square Feet: NA	# of Floors: 3
County (6): MERCER		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS
Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES		ASCM No.: NA	Name of Abatement Contractor (9): GUILIANO ENVIRNMENTAL, LLC
Street Address: 3 CROSSWICKS STREET		Street Address: PO BOX 1124	
City, State, Zip Code: BORDENTOWN, NJ 08505		City, State, Zip Code: SAYREVILLE, NJ 08871	
Project Manager for Monitoring Firm: MICHAEL		Telephone No.: 609-298-5520	Telephone No.: (732) 238-7400
License No.: 01342			
Start Date (10): 11/11/19	Scheduled Completion Date (11): 2/29/20	Name of OSHA Monitor: GUILIANO ENVIRNMENTAL, LLC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: P.O. Box 1124	
		City, State, Zip Code: SAYREVILLE, NJ 08871	

Scope of Work (Check all that apply):
 () ≥ 3 sf or ≥ 3 lf
 (X) ≥ 160 sf or ≥ 260 lf
 (X) Renovation
 () Demolition
 () Full Containment with Negative Pressure
 (X) Mini Enclosure
 (X) Glovebag Procedure
 () 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	Encapsulat	Enclosure
Bldg.#8 CRAWL SPACES		X		PIPE INSULATION	1,100 LF	X			
Bldg.#9 CRAWL SPACES		X		PIPE INSULATION	1,200 LF	X			
Bldg.#10 CRAWL SPACES		X		PIPE INSULATION	1,100 LF	X			
Bldg.#11 CRAWL SPACES		X		PIPE INSULATION	1,200 LF	X			

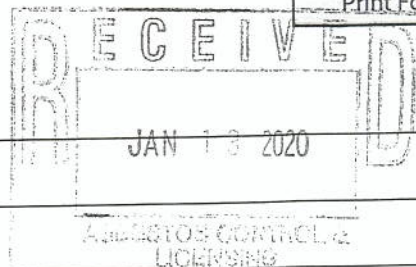
Name of Registered Waste Hauler: PRO GREEN MANAGEMENT, LLC		NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste:80	Name of Registered landfill: G.R.O.W.S LANDFILL
City, State: JAMES BERG, NJ	Disposal Date: 12/20/19	City, State: MORRISVILLE, PA		
Completed By: Melinda Sobol	Title: Admin Asst.	Signature: <i>Melinda Sobol</i>	Date: 1/05/20	

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

OK 3528 Inv#17206 PAID

Date of Notification (1) 1/8/2020		Check#3528		Name of Building Owner/Operator (2) Our Lady of Sorrows Church		JAN 13 2020			
Agencies Notified		Type Notification		Street Address 217 Prospect Street		City, State, Zip Code S Orange, NJ 07079			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Fr. Brian Needles		Telephone Number 973-763-5454			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Sorrows Church				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 217 Prospect Street				Square Feet 10,000		# of Floors 1			
City (5) S.Orange				Bldg. Age 50+					
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Gutenberg, NJ 07093					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 1/9/2020		Scheduled Completion Date (11) 1/11/2020		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Starting 10 AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Stairs		x		Pipe Insulation	20 LF	x			
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc				
City, State Gutenberg, NJ				Disposal Date	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature 		Date 1/3/2020			

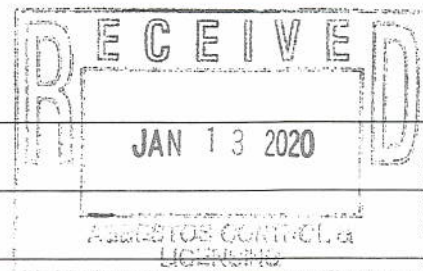
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01/07/2020		Check #3525		Name of Building Owner/Operator (2) Our Lady of Perpetual Help	
Agencies Notified		Type Notification		Street Address 25 Purdue Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Oakland, NJ. 07436	
				Name of Contact Rich	Telephone Number 201-519-4781
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Our Lady of Perpetual Help				Type of Facility (4)	
Street Address 25 Purdue Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Oakland				Square Feet 5,000+	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. N/A	Name of Abatement Contractor (9) EA Services	
Street Address N/A			Street Address 426 69th st		
City, State, Zip Code N/A			City, State, Zip Code Guttenberg, NJ. 07093		
Project Manager for Monitoring Firm N/A			Telephone No. N/A	Telephone No. 201-916-8713	License No. 01074
Start Date (10) 01/17/2020		Scheduled Completion Date (11) 01/18/2020		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	N/A		
Boiler Room		X		ACM Elbows & Insulation	4 LF
Name of Registered Waste Hauler EA Services Corp			NJDEP Waste Hauler ID No. 101278	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Guttenberg, NJ			Disposal Date TBD	City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Clerk	Signature 		Date 01/07/2020

Inv # 173070
 OK 7774 PAID

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



Date of Notification (1) January 10, 2020		Job #: 9771.01		Name of Building Owner/Operator (2) Delaware River Port Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Port Center, 2 Riverside Drive City, State, Zip Code Camden, NJ 18101	
Name of Contact Steven Hulmes				Telephone Number 856-968-3328	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ben Franklin Bridge - Annex Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)		
Street Address 420 North 6th Street			Square Feet 8,000		
City (5) Camden			# of Floors 2+		Bldg. Age 30+
County (6) Camden			County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Commercial/ EZ Pass Service Center
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No. 178		Name of Contractor (9) Prime Group Remediation, Inc.
Street Address 400 Street Road			Street Address 1400 Adams Road, Suite I, P.O. Box 6		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Bensalem, PA 19020		
Project Manager for Monitoring Firm Melissa Billingsley		Telephone Number 215-244-1300		License Number 00858	
Scheduled Start Date (10) January 21, 2020		Scheduled Completion (11) January 24, 2020		Name of OSHA Monitor Criterion 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 - <input checked="" type="checkbox"/> Other - Describe: <u>Work area will be vacated/isolated.</u>			Street Address 400 Street Road		
			City, State, Zip Code Bensalem, PA 19020		

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	36 LF	X			
Stairwell to Basement	X			Pipe Insulation	5 LF	X			

Name of Reg. Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 1		Name of Reg. Landfill Western Berks Community Landfill	
City, State Hatfield, PA		Disposal Date 01/24/2020		City, State Birdsboro, PA			
Completed by Vincent Primavera		Title Project Manager		Signature 		Date 01/10/2020	

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*Do not use this form for asbestos licensure exempted activities