

GAC 696-2020

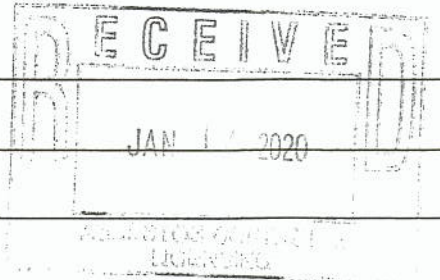
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

PAID

RECEIVED

Date of Notification (1) January 10, 2020		Name of Building Owner/Operator (2) MR. ROBERT PALINO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Name of Contact MR. ROBERT PALINO		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PALINO RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (State Use Only)	
Current Use (prior if being demolished): RESIDENCE			
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIROVISION, INC.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 20-21 WARGARAW ROAD		Street Address 511 MAIN STREET	
City, State, Zip Code FAIRLAWN, NJ		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm FRED LARSON	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 01/20/2020	Scheduled Completion Date (11) 01/21/2020	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Facility Occupied / Work Area Vacated During Entire Period of Abatement SHIFT HOURS 8AM - 5PM (24 Hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Source 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) in Facility (13) Basement Boiler Area	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE INSULATION	Amount (Specify SF or LF) 20 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 01/21/2020	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date January 10, 2020

Copies To: Mr. Robert Palino, Owner & EnviroVision, Inc.

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


Date of Notification (1) 1/09/20		Name of Building Owner/Operator (2) The OKONITE Company							
Agencies Notified	Type Notification	Street Address 955 Market st							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson NJ 075001							
		Name of Contact Chris Wagner	Telephone Number 551-4278117						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The OKONITE Company		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 955 Market st		Square Feet	# of Floors						
City (5) Paterson NJ 07501		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufactory							
Name of Monitoring Firm Hired by Building Owner (8) Sky Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 140 Boulevard		Street Address 28 Lisa LN							
City, State, Zip Code Mountain Lake NJ 07046		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Leonid Sheresski		Telephone No. 973-7696946	Telephone No. 973-9426924						
License No. 01129									
Start Date (10) 1-28-20	Scheduled Completion Date (11) 2-18-20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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>Exterior abatement</u>		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
Exterior oil tank #202			x	black wrapping	1200 SF	x			
Exterior oil tank # 203			x	black wrapping	1200 SF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 30yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ		Disposal Date 2/25/20		City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 1/09/20			

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

Check # 2294, 2430 and 2445

Date of Notification (1) January 10, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 14 2020 </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction	
			Telephone Number 732-558-8967

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warren Residential Community 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, home, etc.)	
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59
City (5) Oxford		Current Use (Prior if being demolished) Residence -	
County (6) Warren	County Code (7) USE ONLY		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 15, 2020	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

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 type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut)
		<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 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
Former Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Former Kitchen Area			X	Pipe and Fitting Insulation	160 LF				

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ		Disposal Date March 6, 2020		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date January 10, 2020 November 6, 2019	

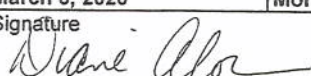
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 2294 / 2430

Date of Notification (1) January 3, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction	
		Telephone Number 732-558-8967	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4)	
Street Address 509 Brass Castle Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Oxford		Square Feet	# of Floors
County (6) Warren		Bldg. Age 59	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence -	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		City, State & Zip Code Little Egg Harbor, NJ 08087	
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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <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 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)
	Yes No N/A		
Former Bathroom Chases/Walls		X	Pipe and Fitting Insulation 125 LF
Former Kitchen Area		X	Pipe and Fitting Insulation 160 LF
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Synatech, Inc.	27429	4	Fairless Hills
City, State		Disposal Date	City, State
Little Egg Harbor, NJ		March 6, 2020	Morrisville, PA
Completed By	Title	Signature	Date
Diane Aloia	Executive Administrator	<i>Diane Aloia</i>	January 3, 2020 November 6, 2019

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

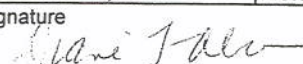
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Date of Notification (1) January 3, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction							
		Telephone Number 732-558-8967							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4)							
Street Address 509 Brass Castle Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
City (5) Oxford		Square Feet	# of Floors 59						
County (6) Warren		Current Use (Prior if being demolished) Residence -							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Synatech, Inc.							
City, State & Zip Code		Street Address 829 Radio Road							
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087							
Telephone Number		Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) January 6, 2020	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		City, State & Zip Code Little Egg Harbor, NJ 08087							
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 type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <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 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
Former Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Former Kitchen Area			X	Pipe and Fitting Insulation	160 LF				
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ		Disposal Date March 6, 2020		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator	Signature 			Date January 3, 2020 November 6, 2019			

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

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

Check # 2294

Date of Notification (1) November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 33 West State Street							
		City, State & Zip Code Trenton, NJ 08608							
		Name of Contact Jim Stiles - TCI Construction							
		Telephone Number 732-558-8967							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community 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, home, etc.)							
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59						
City (5) Oxford		Bldg. Age							
County (6) Warren	County Code (7) USE ONLY	Current Use (Prior if being demolished) Residence -							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Synatech, Inc.							
Street Address		Street Address 829 Radio Road							
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087							
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) November 20, 2019	Scheduled Completion Date (11) December 19, 2019	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <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 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) 125 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom Chases/Walls			X	Pipe and Fitting Insulation		X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ		Disposal Date December 20, 2019		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator		Signature 			Date November 6, 2019			

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

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

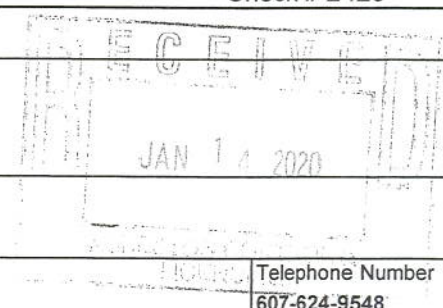
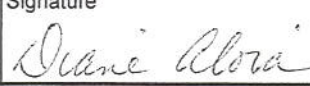
Check # 2426 / 2444

Date of Notification (1) January 10, 2020 December 24, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 14 2020 </div>	
Agencies Notified	Type Notification	Street Address 2284 West County Line Road			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Cancellation	City, State & Zip Code Jackson, NJ 08527			
		Name of Contact Tom Ashman		Telephone Number 607-624-9548	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			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, home, etc.)		
Street Address 2284 West County Line Road			Square Feet 12,000	# of Floors 2 + Basement	Bldg. Age 55
City (5) Jackson			Current Use (Prior if being demolished) Bank		
County (6) Ocean		County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road				Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876				City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 908-526-1000		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 11, 2020		Scheduled Completion Date (11) March 20, 2020		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" 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 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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement Office				Joint Compound 60 SF	
First Floor Bathroom and Adjacent Office				Joint Compound 60 SF	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 10	
City, State Little Egg Harbor, NJ 08087		Disposal Date March 21, 2020		Name of Registered Landfill Fairless Hills	
				City, State Morrisville, PA	
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>	
				Date January 10, 2020 December 24, 2019	

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

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

Check # 2426

Date of Notification (1) January 2, 2020 December 24, 2019		Name of Building Owner / Operator (2) Bank of America			
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	2284 West County Line Road City, State & Zip Code Jackson, NJ 08527			
		Name of Contact Tom Ashman			
Telephone Number 607-624-9548					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4)		
Street Address 2284 West County Line Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
City (5) Jackson			Square Feet 12,000	# of Floors 2 + Basement	Bldg. Age 55
County (6) Ocean			County Code (7) USE ONLY		
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.			ASCM No.		
Street Address 35 Columbia Road			Name of Abatement Contractor (9) Synatech, Inc.		
City, State & Zip Code Branchburg, NJ 08876			Street Address 829 Radio Road		
Project Manager for Monitoring Firm			Telephone Number 908-526-1000		License Number 00817
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11) March 20, 2020		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" 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 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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement Office		X		Joint Compound 60 SF	
First Floor Bathroom and Adjacent Office		X		Joint Compound 60 SF	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 10	
City, State Little Egg Harbor, NJ 08087		Disposal Date March 21, 2020		Name of Registered Landfill Fairless Hills	
				City, State Morrisville, PA	
Completed By Diane Aloia		Title Executive Administrator		Signature 	
				Date January 2, 2020 December 24, 2019	

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

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

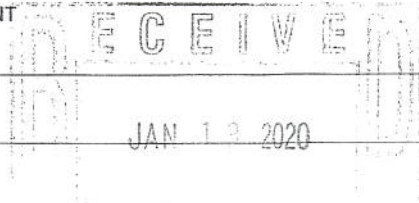
Check # *2726*

Date of Notification (1) December 24, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 14 2020 </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Cancellation	2284 West County Line Road City, State & Zip Code Jackson, NJ 08527							
		Name of Contact Tom Ashman				Telephone Number 607-624-9548			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4)						
Street Address 2284 West County Line Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
City (5) Jackson			Square Feet 12,000	# of Floors 2 + Basement	Bldg. Age 55				
County (6) Ocean			Current Use (Prior if being demolished) Bank						
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 35 Columbia Road			Street Address 829 Radio Road						
City, State & Zip Code Branchburg, NJ 08876			City, State & Zip Code Little Egg Harbor, NJ 08087						
Project Manager for Monitoring Firm		Telephone Number 908-526-1000	Telephone Number 609-296-6916	License Number 00817					
Scheduled Start Date (10) January 4, 2020	Scheduled Completion Date (11) February 20, 2020		Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Basement Office			X	Joint Compound	60 SF	X			
First Floor Bathroom and Adjacent Office			X	Joint Compound	60 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date February 21, 2020		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date December 24, 2019					

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

Inv. 17352

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



Date of Notification (1) 1/9/20		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 69 Day 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 Bloomfield NJ							
		Name of Contact Luis Amengual	Telephone Number 201-456-5726						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 69 Day Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Madison	Bloomfield	07003							
County (6) Morris	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) LEM Construction							
Street Address		Street Address 440 Lincoln Ave							
City, State, Zip Code		City, State, Zip Code Cliffside Park NJ 07010							
Project Manager for Monitoring Firm		Telephone No. 201-456-5726	License No. 02004						
Start Date (10) 1/20/20	Scheduled Completion Date (11) 1/21/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input 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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Incapsculate	Enclosure
Basement				TSI	100LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State		Disposal Date		City, State					
Completed by Edwin Montoya		Title Owner	Signature 			Date 1/9/20			

JAN/13/2020/MON 03:19 PM

CK105781 PAID INV#17326 FAX No
1538-02

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

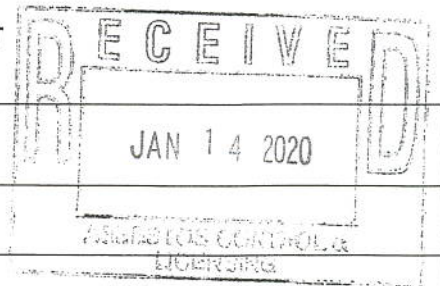
RECEIVED
JAN 14 2020
DOI - 10 DAY

Date of Notification (1) <u>1</u> / <u>05</u> / <u>2020</u>		Name of Building Owner/Operator (2) Virtua		Street Address 20 Stow Rd		City, State, Zip Code Marlton NJ 08053		Name of Contact Pat Giordano		Telephone Number 856 356-0923			
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-Willingboro		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.)		Square Feet >80,000		# of Floors 5		Bldg. Age 30+	
Street Address 218 Sunset Road		City (5) Willingboro		County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.		Name of Abatement Contractor (9) Delta/BJDS, Inc		Street Address 1346 Industrial Blvd		City, State, Zip Code Southampton Pa 18956					
Street Address 700 Turner Way, Suite 105		City, State, Zip Code Aston, Pa 19014		Project Manager for Monitoring Firm David Brown		Telephone No. 610 558-8902		Telephone No. 215 322-2900		License No. 00783			
Start Date (10) <u>1</u> / <u>14</u> / <u>20</u>		Scheduled Completion Date (11) <u>2</u> / <u>7</u> / <u>20</u>		Name of OSHA Monitor Criterion		Street Address 400 Street Road		City, State, Zip Code Bensalem Pa 19020					
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: <u>7</u> AM- <u> </u> PM/ <u> </u> PM- <u>7</u> AM		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure	
Room 104		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile and Mastic		25 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Room 105		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile and Mastic		25 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Room 108		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile and Mastic		25 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Dining Room below Cabinets		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile and Mastic		100 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20890		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill		City, State Waynesburg, Ohio					
City, State 58 Pyles Lane New Castle DE		Disposal Date		Signature <i>Christine DelViscio</i>		Date 01-05-2020							
Completed By (Print or Type) Christine DelViscio		Title Asst. Administrator											

ASB-41
JAN 13

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

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



Date of Notification (1) 1 / 05 / 2020		Name of Building Owner/Operator (2) Virtua							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd							
		City, State, Zip Code Marlton NJ 08053							
		Name of Contact Pat Giordano	Telephone Number 856 355-0923						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-Willingboro		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 218 Sunset Road		Square Feet >50,000	# of Floors 5						
City (5) Willingboro		Bldg. Age 30+							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 700 Turner Way, Suite 105		Street Address 1345 Industrial Blvd							
City, State, Zip Code Aston, Pa 19014		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm David Brown	Telephone No. 610 558-8902	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 1 / 14 / 20	Scheduled Completion Date (11) 2 / 7 / 20	Name of OSHA Monitor Criterion							
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-PM/PM-7AM		Street Address 400 Street Road							
		City, State, Zip Code Bensalem Pa 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition									
<input 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
Room 104	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 105	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 106	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room below Cabinets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator		Signature <i>Christine Del Viscio</i>			Date 01-05-2020			



Patrick Giordano

Director of Campus Facilities

January 13, 2020

New Jersey Department of Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd Floor
PO Box 949
Trenton, NJ 08625

Attn: Asbestos Coordinator

To Whom It May Concern,

I am requesting a waiver of the 10-day notice requirements for a minor asbestos abatement project for the following work:

Building: Virtua Willingboro Hospital

Location: Patient rooms and Dining Area

Scope of Work: Asbestos containing materials:

1. **Double layer tile/mastic in Rooms 104,105,106 (@25SF in each area)**
2. **Tile/mastic below cabinets in Dining Room (@100SF)**

State Date: January 15, 2020

Reason for Request: The material was uncovered during the demolition phase of the minor cosmetic renovation of the Mental Health unit. Since this was discovered in an active patient care area, we need to proceed with this removal ASAP.

Thank you for your consideration.

Sincerely,

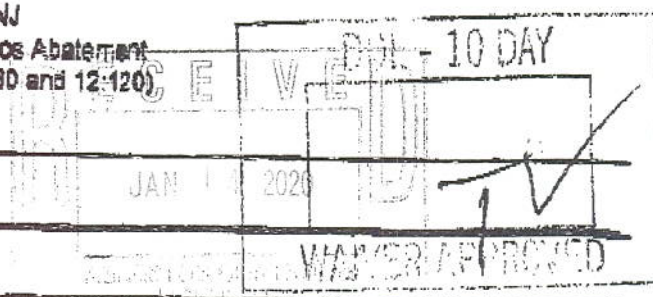
A handwritten signature in black ink, appearing to read 'Patrick Giordano', written over the word 'Sincerely,'.

Patrick Giordano
Director, Campus facilities
Facilities Development



Proj. #: 20-13

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:26)



Date of Notification (1) 01/10/2020		Name of Building Owner/Operator (2) Tom Cassidy	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Westfield, nj 07090	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Tom Cassidy	

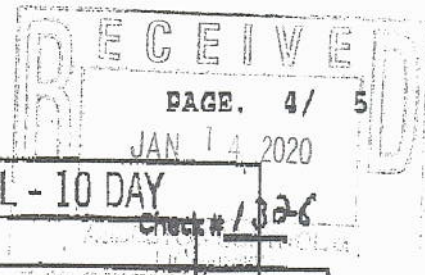
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address			Square Feet 2,700 SF		
			# of Floors 02		
City (5) Westfield			Bldg. Age 100		
County (6) Union			Current Use (Prior if being demolished) Residential		
County Code (7) (state use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address		
			309 W. End Ave		
City, State, Zip Code			City, State, Zip Code		
			Hopatcong, NJ 07843		
Project Manager for Monitoring Firm			Telephone Number		
			833-455-6629		
Phone Number			License Number		
			02007		
Start Date (10) 01/11/2020			Name of OSHA Monitor		
Sched. Completion Date (11) 01/13/2020			KLOMAX, LLC		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			309 W. End Ave		
<input type="checkbox"/> Abatement performed outside of normal facility hours.			City, State, Zip Code		
Describe:			Hopatcong, NJ 07843		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)				Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >2 sf or >2 lf				<input checked="" type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o s e	E n c l o s e
	Yes	No	N/A						
basement		X		Pipe Insulation	20 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"/>

Registered Waste Hauler KLOMAX, LLC	NJ DEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Faiga Boylan	Title Owner	Signature 	Date 01/09/2020

10.01.2020 08:30 AM



CK1326

Inv # 17260

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:28 and 12:120)

DOL - 10 DAY

Check # 1326

Date of Notification (1) 1/10/20		Name of Building Owner/Operator (2) GOLDBERG REALTY ASSOCIATES							
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		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 CLINTON ROAD #202		City, State, Zip Code WEST CALDWELL, NJ 07006							
Name of Contact MELISSA HERNANDEZ		Telephone Number 973-808-7170 ext 53							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HILLTOP MANOR		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 125 LONGHILL ROAD		Square Feet 12000							
City (5) LITTLE FALLS		# of Floors 2							
County (6) PASSAIC		Bldg. Age 64							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-282-5841							
Start Date (10) 1/10/20		Scheduled Completion Date (11) 1/15/20							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		License No. 00166							
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≤ 3 of or ≤ 3 ft <input type="checkbox"/> ≥ 150 of or ≥ 250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	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 LB)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
GARAGE			X	PIPE	8 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 04500	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, NJ 07105		Disposal Date 1/10/20	City, State Pen Argyl, PA 08072						
Completed by R. McDonald		Title President	Signature R. McDonald		Date 1/10/20				

10.01.2020 08:29 AM

Inv#1726d

0K1227

PAID

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

RECEIVED	
PAGE. 2/5	JAN 14 2020
DOL - 10 DAY	
Check # 1327	LICENSING
WAIVER APPROVED	

Date of Notification (1) 1/10/20		Name of Building Owner/Operator (2) GOLDBERG REALTY ASSOCIATES						
Agencies Notified	Type Notification	Street Address	City, State, Zip Code					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	33 CLINTON ROAD # 201A	WEST CARROLL, NJ 07006					
<input type="checkbox"/> DOH <input type="checkbox"/> DOA		Name of Contact MELISSA HERNANDEZ	Telephone Number 973-808-7170 ext 53					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BALTIMORE APARTMENTS, APT 547A		Type of Facility (4)						
Street Address 545 MORRIS AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) SPRINGFIELD		Square Feet	# of Floors					
County (6) UNION		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			A. Mac Contracting Inc.					
City, State, Zip Code		Street Address 185 Vreeland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432						
Telephone No.		Telephone No. 201-282-5841	License No. 00186					
Start Date (10) 1/10/20	Scheduled Completion Date (11) 1/15/20	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street						
<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 Hackensack, NJ 07605						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 or of 25 ft <input type="checkbox"/> 2100 or of 2100 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed CI and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		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
BEARING			PIPE	12 LF X				
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04508	Cubic Yards of Waste 2.5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ 07105		Disposal Date 1/10/20 ON	City, State Pen Argyl, PA 18072					
Completed by R. McDonald		Title President	Signature R. McDonald		Date 1/10/20			

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

Inv# 17187
CK 1179 **PAID** *chk# 479*

Date of Notification (1) 1/7/2020		Name of Building Owner/Operator (2) 126 South 14th Street LLC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 14 2020 </div>			
Agencies Notified		Type Notification				Street Address 126 South 14th St.	
<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 Newark, NJ 07107	
						Name of Contact Marc Gobeil	
				Telephone Number 650-400-1025			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Reuther Engineering & Machine Co.			Type of Facility (4)		
Street Address 126 South 14th St.			<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) Newark			Square Feet 10,500	# of Floors 2	Bldg. Age 1950
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Danvic Contracting LLC.	
Street Address				Street Address 240 South 5th St.	
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355
Start Date (10) 01/18/2020		Scheduled Completion Date (11) 01/20/2020		Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West	
<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 Union, NJ 07083	
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
2nd Floor-Front Office			X	VAT	240 SF	X			
Front Stairs			X	VAT	20	X			

Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 1/7/2020

Int # 17353
PAID

Check # 3677

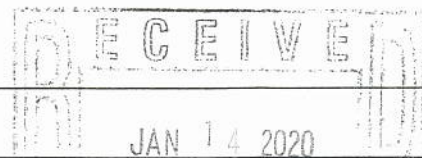
Print Form

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

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Date of Notification (1) 01/03/2020		Name of Building Owner/Operator (2) First Reformed Church of Pompton Plains							
Agencies Notified	Type Notification	Street Address 529 Newark Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pompton Plains, New Jersey 07442							
		Name of Contact Mr. John Driesse	Telephone Number (973) 769-9081						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) First Reformed Church of Pompton Plains		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 529 Newark Turnpike		Square Feet 21,500	# of Floors 2						
City (5) Pompton Plains		Bldg. Age 100							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address 464 Valley Brook Avenue		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code Lyndhurst, New Jersey 07071		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (201) 438-4839	License No. 00874						
Start Date (10) 01/13/2020	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
Food Pantry		X		Textured Ceiling Surfacing	300 SF	X			
Keator Parlor		X		Textured Ceiling Surfacing	500 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Ljiljana Sekularac		Title Office Assistant		Signature		Date 01/03/2020			

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



Date of Notification (1) 01-10-2020		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<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 East Hanover NJ 07936							
		Name of Contact Jhon Caravella	Telephone Number (973) 884-4900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		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) Orange		Square Feet	# of Floors						
County (6) Essex		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) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 01-13-20		Scheduled Completion Date (11) 01-16-20	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.							
<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 Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
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
Entire Property		x		Demolition Asbestos Debris		x			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 200	Name of Registered Landfill IESI					
City, State E. Hanover, NJ 07936			Disposal Date 01-14-20	City, State Bethlehem, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 01-10-20		

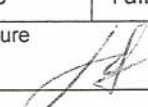
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JAN 14 2020
ALABAMA CONTROL &
LICENSING

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

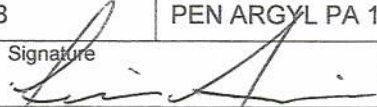
CK24660 PAID

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JAN 1 2020
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 01-10-2020		Name of Building Owner/Operator (2) DCR Development Corp.							
Agencies Notified	Type Notification	Street Address 1214 Anderson 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 Fort Lee, NJ 07204							
		Name of Contact Dave Lorenzo	Telephone Number (551) 486-0560						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		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) Palisades Park		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	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) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
		License No. 01206							
Start Date (10) 01-13-20	Scheduled Completion Date (11) 01-15-20	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St							
<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 Elizabeth, NJ 07201							
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		x		Siding	1000 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ			Disposal Date 01-15-20	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager	Signature 			Date 01-10-20			

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

RECEIVED
JAN 10 2020

Date of Notification (1) 01/06/2020 CHECK #0342		01		Name of Building Owner/Operator (2) MICHAEL WILSON								
Agencies Notified		Type Notification		Street Address								
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code CLARK NJ 07066 Name of Contact MICHAEL WILSON Telephone Number 711-1111								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3)				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) CLARK NJ 07066				Square Feet 50X50		# of Floors 2 FL						
County (6) UNION				County Code (7) (STATE USE ONLY)		Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING						
Street Address				Street Address 24 CHURCH ST								
City, State, Zip Code				City, State, Zip Code ELMWOOD PARK NJ 07407								
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 201 873 9418						
Start Date (10) 01/08/20				Scheduled Completion Date (11) 01/09/20		License No. 01301						
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor ALL SOLUTIONS CONTRACTING								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 3:30PM				Street Address 24 CHURCH ST								
				City, State, Zip Code ELMWOOD PARK NJ 07407								
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
								Removal	Repair	Encapsulate	Enclosure	
BASEMENT		Yes	No	N/A	FLOOR TILE		400SF		X			
Name of Registered Waste Hauler ATLANTIC CARTING				NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB		Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA 18072				Disposal Date TDB		City, State PEN ARGYL PA 18072						
Completed by LUIS ARCILA				Title PRESIDENT		Signature 		Date 01/06/2020				

Inv #117228
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
 1/10/20

Name of Building Owner/Operator (2)
 Sascha Rizzo

Street Address
 [REDACTED]

City, State, Zip Code
 Princeton, NJ 08542

Name of Contact
 Sascha

Telephone Number
 [REDACTED]

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

RECEIVED
 JAN 14 2020

ASB-41 (R-06-08)


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Inv# 1356

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

E C E I W E

JAN 14 2020

Date of Notification (1) <div style="text-align: center;">1 / 05 / 20</div>		Name of Building Owner/Operator (2) Camden City Public School District		JAN 14 2020						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1033 Cambridge St City, State, Zip Code Camden NJ 08105 Name of Contact <div style="float: right;">Telephone Number 856 966-2000</div>						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Forest Hill Elementary Sch			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1625 Wildwood Ave										
City (5) Camden			Square Feet >50,000	# of Floors 5	Bldg. Age 30+					
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Inc		ASCM No.		Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address PO Box 365				Street Address 1345 Industrial Blvd						
City, State, Zip Code Berlin NJ 08009				City, State, Zip Code Southampton Pa 18966						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856 452-1311		Telephone No. 215 322-2900	License No. 00783					
Start Date (10) <div style="text-align: center;">1 / 23 / 20</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 7 / 20</div>		Name of OSHA Monitor Criterion						
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: <u>7</u> AM- <u> </u> PM/ <u> </u> PM- <u>7</u> AM			Street Address 400 Street Road City, State, Zip Code Bensalem Pa 19020							
Scope of Work (Check all that apply)										
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input 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 </div> </div>										
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
Mechanical Space		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Duct Connector	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane New Castle DE				Disposal Date	City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature 			Date 1-13-2020			

B & G proj. #:

2020-14

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

Check # 9834

Date of Notification (1)

01/11/2020

Name of Building Owner/Operator (2)

Alan Elsmore

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

City, State, Zip Code

Kearney, NJ 07932

Name of Contact

Alan Elsmore

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Alan Elsmore

Street Address

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)
residential

City (5)

Kearney, NJ

County (6)

Hudson

County Code (7)

(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

01/21/2020

Sched. Completion Date (11)

01/24/2020

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 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☒ Renovation☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☐ wrap & cut☒ 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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	em	nc	nc
ove	ove	ap	ap

Laundry rm & finished side bsmt

VAT & mastic

665 SF

☒☐☐☐

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

5

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

01/24/2020

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

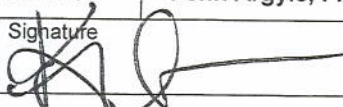
Gordana Luna

Date

01/10/2020

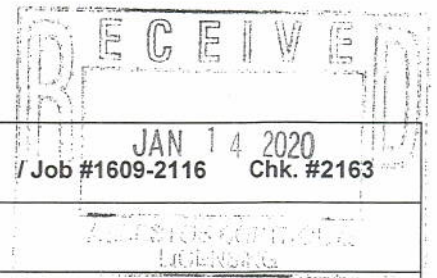
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Amend #2
OFF HOLD 3
EXTEND END DATE

Date of Notification (1) <u>12</u> / <u>9</u> / <u>19</u>		Name of Building Owner/Operator (2) County of Camden		Job Number: 1910-2509-2 Check #NA						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Market Street City, State, Zip Code Camden, NJ 08102						
		Name of Contact Chris Tassi		Telephone Number 609-670-1929						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) City Hall 6th Floor				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 530 Market Street										
City (5) Camden				Square Feet TBD	# of Floors 18					
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 1929					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates				Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 515 Grove Street				Street Address 1835 Underwood Blvd						
City, State, Zip Code Haddon Heights, NJ				City, State, Zip Code Delran, NJ 08075						
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-547-0505		Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <u>12</u> / <u>20</u> / <u>19</u>		Scheduled Completion Date (11) <u>1</u> / <u>31</u> / <u>20</u>		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>Weekend work only</u> AM- PM/ PM- AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
6 th Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic (1-11 & 1-12)	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 th Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (1-13 & 1-14)	180 LF	<input checked="" 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 1/31/2020		City, State Penn Argyle, PA						
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 			Date 1-8-2020			

Inv# 17 359
 CK2163
 PAID

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



Date of Notification (1) 1 / 10 / 20		Name of Building Owner/Operator (2) HealthSouth Corporation		JAN 14 2020 Job #1609-2116 Chk. #2163	
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 3360 Grandview Parkway, Suite 200			
		City, State, Zip Code Birmingham, AL			
		Name of Contact Elizabeth Mann		Telephone Number 205-970-7850	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HealthSouth Rehab Hospital of Toms River		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 14 Hospital Drive					
City (5) Toms River		Square Feet 84,619	# of Floors 3	Bldg. Age over 30	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rehab Hospital			
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 1835 Underwood Blvd. Suite 1			
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Delran, NJ 08075			
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 1 / 20 / 20	Scheduled Completion Date (11) 1 / 24 / 20	Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North			
		City, State, Zip Code Cinnaminson, NJ 08077			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Room off Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AMS, Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Delran, NJ		Disposal Date 1/24/20	City, State Penn Argyle, PA		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 1-10-20		

Inv# 17360

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

Proj. #: 20-14

CK1247 PAID

RECEIVED
JAN 14 2020

Date of Notification (1) 01/11/2012		Name of Building Owner/Operator (2) michael Pierre	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLEWOOD, NJ 07040	
		Name of Contact michael Pierre	Telephone Number

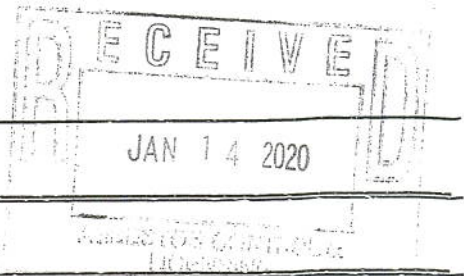
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,150 SF		
City (5) MAPLEWOOD			County (6) Essex		# 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) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 01/21/2020		Sched. Completion Date (11) 01/22/2020			
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					

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 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						
Garage attic		X		Pipe Insulation	15 LF	X			
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 1 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by (Print or Type) Paige Boylan		Title Owner		Signature [Signature]			Date 01/10/2020		

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

Proj. #: 20-15



Int # 17361
CK 1248 PAID

Date of Notification (1) 01/11/2020		Name of Building Owner/Operator (2) Daniel Sledgeski	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code little falls, nj 07424	
		Name of Contact Daniel Sledgeski	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,300 SF		
City (5) little falls			County (6) Passaic		County Code (7) (State use only)
			Bldg. Age 80		
			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 01/22/2020		Sched. Completion Date (11) 01/23/2020		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		Paper Duci Insulation	120 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 01/10/2020

* Do not use this form for asbestos in pressure exempted activities

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

Date of Notification (1) 01/10/2020		Name of Building Owner/Operator (2) Craig Hasbrouck							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Mendham, NJ 07945							
		Name of Contact Craig	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mendham		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No. 01332						
Start Date (10) 01/21/2020	Scheduled Completion Date (11) 01/28/2020	Name of OSHA Monitor Same as (9)							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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 am - 4-30 pm		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"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	100 LF	X		X	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste	Name of Registered Landfill Fairless					
City, State Paterson, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>	Date 01/10/2020					

09.01.2020 02:03 PM

Inv#17273

CK1325 PAID

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

RECEIVED
 PAGE. 2/ 3
 JAN 14 2020
COL - 10 DAY
 Check # 1325

Date of Notification (1) 1/9/20		Name of Building Owner/Operator (2) KATHY TRUMBOUR						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code RIDGEWOOD NJ 07850						
Name of Contact KATHY		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) TRUMBOUR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1850 # of Floors 2 Bldg. Age 64						
City (6) RIDGEWOOD		County Code (7) BERGEN						
County (8) BERGEN		Current Use (Prior to being demolished) RES						
Name of Monitoring Firm Hired by Building Owner (9)		ASCM No.						
Street Address		Name of Abatement Contractor (10) A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 185 Vreeland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432						
Telephone No.		Telephone No. 201-262-6841						
Start Date (16) 1/9/20		Scheduled Completion Date (11) 1/13/20						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		License No. 00186 Name of OSHA Monitor Omega Environmental Services Inc.						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 SF or 23 LF <input type="checkbox"/> 2100 SF or 2100 LF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 40 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
			PIPE					
Name of Registered Waste Hauler Newark Carting Inc.		NJOSP Waste Hauler ID No. 04508		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Newark, NJ 07105		Disposal Date 1/9/20		City, State Pen Argyl, PA 08072				
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/7/20		

Check # 3316

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

GAC Project # 060-20

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

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

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

Date of Notification (1)

1/10/2020

Name of Building Owner/Operator (2)

Judy Dewette

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial Notification☐ Amended Notification☒ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Upper Montclair, NJ, 07043

Name of Contact

Judy Dewette

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Judy Dewette

Street Address

City

Upper Montclair

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

01 11 20

Month Day Year

Sched. Completion Date (11)

01 12 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»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V 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
Basement			X	Pipe Insulation	110 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

01/13/20

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

1/10/2020

16 Godfrey Rd.

JAN 14 2020 PAGE 03/04


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

MAY 31

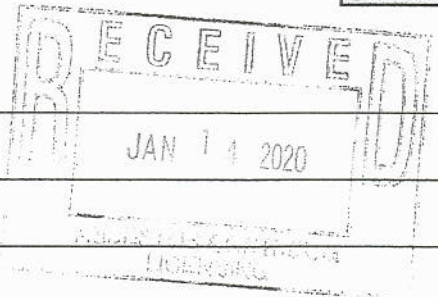
* Do not use this form for asbestos licensing exempted activities.

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

Inv# 17264 Emergency PAID CK 7763

Date of Notification (1) 1/10/20		Name of Building Owner/Operator (2) Robert Perez 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbury NJ 08096							
		Name of Contact Dave	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Perez Private Home		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) Woodbury NJ 08096		Square Feet 1000+	# of Floors 2 Bldg. Age 50+						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Env. Group Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address PO Box 316		Street Address PO Box 329							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 1/11/20	Scheduled Completion Date (11) 1/12/20	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 checked="" type="checkbox"/> Other - Describe: WEEKEND WORK		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 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
Kitchen / Den Area			x	Duct Insulation	50 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 1/13/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/10/20		

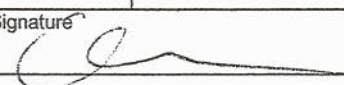
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/10/20		Name of Building Owner/Operator (2) Triton Partners LLC							
Agencies Notified	Type Notification	Street Address 342 West 9th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Mike Pagnotta	Telephone Number 609-361-0011						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Restaurant		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 2020 Long Beach Blvd.		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Restaurant							
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.	License No. 00727						
Start Date (10) 1/21/20	Scheduled Completion Date (11) 1/27/20	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Around bottom of building			x	Transite Break Away panels	1000 SF	x			
Chimney			x	Flashing	2 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ			Disposal Date 1/27/20	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 1/10/20			

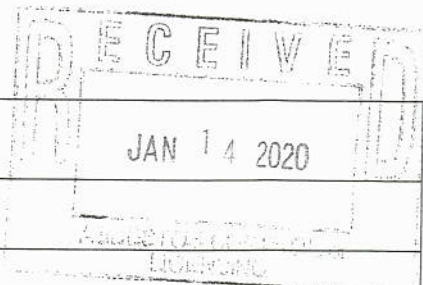
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

IN# 17333
UK7765 **PAID**

Date of Notification (1) 1/10/20		Name of Building Owner/Operator (2) Michael John Procacci Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moorestown NJ 08057							
		Name of Contact Mike	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Michael John Procacci 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 1.5						
City (5) Moorestown NJ 08057		Bldg. Age 35+							
County (6) Burlington	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. 609-685-9984	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/21/20	Scheduled Completion Date (11) 1/27/20	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 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
Through-out			x	Floor Tile & Mastic	1400 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/27/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/10/20		

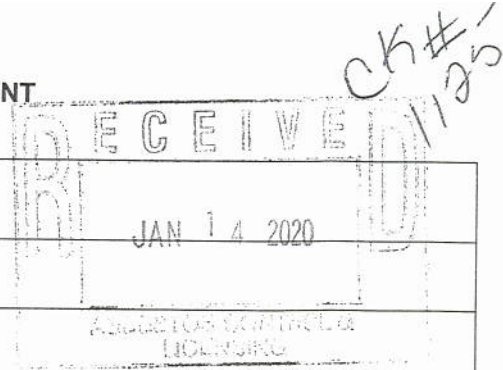
Inv# 17228
CKU 343 PAID

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



Date of Notification (1) 01 / 09 / 20		Name of Building Owner/Operator (2) Aubry Young							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Westville, NJ 08093 Name of Contact Aubry Young Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Young Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,426							
City (5) Westville		# of Floors 2							
County (6) Gloucester		Bldg. Age 71							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCN No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-298-4070		Telephone No. 856-755-0099							
Start Date (10) 02 / 03 / 20		License No. 00842							
Scheduled Completion Date (11) 02 / 04 / 20		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Paper	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 02/04/2020		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 1/9/2020			

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



Date of Notification (1) 01 / 06 / 20		Name of Building Owner/Operator (2) TPC Jasna Polana							
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 8 Lawrenceville Rd							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Glen Haggan	Telephone Number 609-439-8510						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office 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 and commercial buildings, homes, etc.)							
Street Address 4519 Province Line Rd.									
City (5) Princeton, NJ 08106		Square Feet 10,000	# of Floors 2						
		Bldg. Age 1920							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8)		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 / 20 / 20	Scheduled Completion Date (11) 02 / 15 / 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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Boiler Insulation	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Gasket	40Lf	<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 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 1-9-20			

IN#17337
CKL342 PAID

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

RECEIVED
JAN 14 2020

Date of Notification (1) 01 / 09 / 20		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 101 Eggerts Crossing Road		City, State, Zip Code Lawrenceville, NJ 08648							
Name of Contact Michael Rhodes		Telephone Number 609-530-6946							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbury Armory		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 658 N. Evergreen Avenue		Square Feet 50,000							
City (5) Woodbury		# of Floors 2							
County (6) Gloucester		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Armory							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003							
Street Address 1253 N. Church Street		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Moorestown, NJ 08057		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Jlm Guilardi		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 856-840-8800		Telephone No. 856-755-0099							
Start Date (10) 01 / 22 / 20		License No. 00842							
Scheduled Completion Date (11) 02 / 07 / 20		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code Cinnaminson, NJ 08077									
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 Men's Latrine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground & 2 nd Floor Latrines Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/Fittings (Wrap&Cut)	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Men's Latrine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/Fittings (Wrap&Cut)	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground & 2 nd Floor Latrines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Doors & Stall Partitions	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 02/07/2020		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 1/9/2020			

6616 - NJ

State of New Jersey

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

Initial Notification

Check #: 7645

Date of Notification (1)

01/09/20

Name of Building Owner/Operator (2)

County of Hudson

Street Address

567 Pavonia Ave., 3rd Floor

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Ralph Sax

Telephone Number

201-369-2777 x.2987

Agencies Notified

Type Notification

☒ EPA☒ DEP☒ DOL☒ DOH☒ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Hudson County Admin. Bldg. - Room 901

Street Address

595 Newark Avenue

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Jersey City, NJ 07306

Hudson

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

50,000

9

50

Current Use (Prior if being demolished)

Administration Building

Name of Monitoring Firm Hired by Building Owner (8)

Whitman Companies, Inc.

Street Address

7 Pleasant Hill Rd.

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Telephone Number

Kevin Lovely

(732) 390-5858

Scheduled Start Date (10)

Sched. Completion Date (11)

01/24/20
Month / Day / Year01/27/20
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:☒ Other - Describe: occupied building

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R	E	N	E
Room 901	<input checked="" type="checkbox"/>	Asbestos ceiling	180 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Four Strong Builders, Inc.

12609

G.R.O.W.S., Inc.

City, State

Disposal Date

City, State

Clifton, NJ

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

Bilyana Kulakovska

Office Administrator

1/9/20

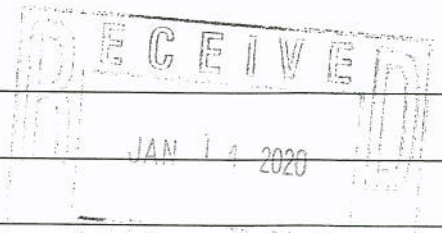
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JUN 95

G4667

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

Date of Notification (1) 01/09/2020		Name of Building Owner/Operator (2) Shannon Gononsky		JAN 14 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Teaneck, NJ 07666 Name of Contact Shannon Gononsky Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				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) Teaneck				Square Feet N/A	# of Floors N/A				
County (6) Bergen		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.		Telephone No. 9733458685	License No. 01311				
Start Date (10) 01/20/2020		Scheduled Completion Date (11) 01/21/2020		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				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	160 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 Ned Joksimovic		Title Project Manager		Signature <i>[Signature]</i>			Date 01/09/2020		

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

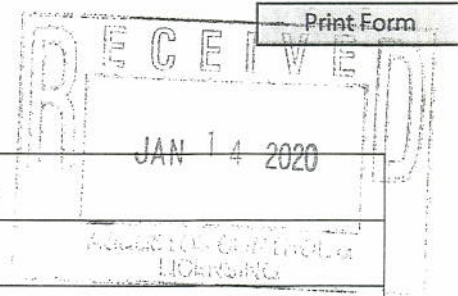


Date of Notification (1) 01/09/2020		Name of Building Owner/Operator (2) Arthur Burney							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Arthur Burney	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) Belleville		Bldg. Age N/A							
County (6) Essex	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.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 01/21/2020	Scheduled Completion Date (11) 01/22/2020	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		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 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 Insulation	70 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 Ned Joksimovic		Title Project Manager		Signature 			Date 01/09/2020		

Inv # 17342
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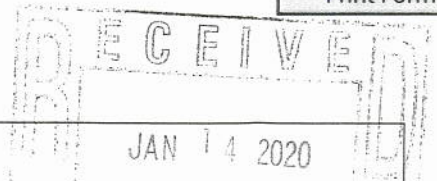
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 01/09/2020		Name of Building Owner/Operator (2) Saint Anthony of Padua Catholic Church							
Agencies Notified	Type Notification	Street Address 615 Eight Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087							
		Name of Contact Jose Manuel de la Pena	Telephone Number 617-913-2650						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 615 Eight Street		Square Feet N/A	# of Floors N/A						
City (5) Union City		Bldg. Age N/A							
County (6) Hudson	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) 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. 9733458685	License No. 01311						
Start Date (10) 01/22/2020	Scheduled Completion Date (11) 01/23/2020	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	90 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 Ned Joksimovic		Title Project Manager		Signature 			Date 01/09/2020		

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



Date of Notification (1) 1/9/2020		Name of Building Owner/Operator (2) COUNTY OF CAMDEN							
Agencies Notified	Type Notification	Street Address 520 MARKET STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08102							
		Name of Contact KEVIN FITZSIMONS	Telephone Number 856-374-5188						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BUILDING 400		Type of Facility (4)							
Street Address 2600 MOUNT EPHRAIM AVENUE		<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) CAMDEN		Square Feet	# 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) PENNONI		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 515 GROVE STREET, SUITE 1B		Street Address 11 VREELAND AVENUE							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm ALAN LLOYD		Telephone No. 856-656-2875	Telephone No. 973-956-8700						
Start Date (10) 1/21/2020		Scheduled Completion Date (11) 3/6/2020	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<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: OFF-HOURS		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 3/6/2020		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 1/9/2020			

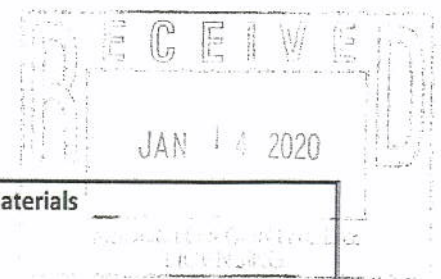


Table 1A – Identified and Presumed Asbestos-Containing Materials
400 Building
2600 Mt. Ephraim Avenue
Camden, New Jersey 08104

HID and Material	Location	Approx. Quantity
4. 12"x12" Beige with Red Streaks Floor Tile and Mastic	Suite 415, Rear Storage	300 SF
	Total	300 SF
5M. Mastic associated with non-ACM 12"x12" Pink with Gray Streaks Floor Tile	Suite 415, Rear Hall	180 SF
	Total	180 SF
6M. Mastic (<i>Trace ACM</i>) associated with non-ACM 12"x12" Beige Marble Floor Tile	Suite 415, Bathroom – Women's	200 SF
	Suite 413, Lobby, Hall and Rear Office	700 SF
	Suite 411, Side Office	600 SF
	Suite 401, Rear Hallway	200 SF
	Total	1,700 SF
7. 12"x12" Grey Floor Tile and Mastic	Suite 415, under HID 04 in Rear Storage	300 SF
	Total	300 SF
14M. Mastic (<i>Trace ACM</i>) associated with non-ACM 12"x12" Off-White Marble Floor Tile with ACM Bottom Layer Gray Floor Tile and ACM Mastic	Suite 415, Bathroom – Men's	120 SF
15. Residual Mastic (<i>Trace ACM</i>) under Concrete	Suite 413, Rear Area under Concrete	220 SF
	Total	220 SF
21M. Mastic (<i>Trace ACM</i>) associated with non-ACM 12"x12" Red Floor Tile	Suite 411, Lobby Area	30 SF
	Total	30 SF
22. Mastic1 (ACM) and Mastic2 (<i>Trace ACM</i>) associated with non-ACM Grey Leveling Compound	Suite 411, Throughout Suite under Tile	5,000 SF
	Total	5,000 SF
23M. Mastic associated with non-ACM 12"x12" White with Grey Streaks Floor Tile	Suite 405A/B, under carpet throughout except for offices with red carpet	1,800 SF
	Suite 405A/B, under HID 06 in front lobby and office	1,200 SF
	Suite 407, under carpet hall and offices	2,000 SF
	Total	5,000 SF

INV#11345

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

Check#3535

PAID

RECEIVED

Date of Notification (1) 01 / 10 / 20		Name of Building Owner/Operator (2) Neil Goldstein		JAN 14 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 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 Garry Toriello Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet						
City (5) Maplewood, NJ 07040			# of Floors		Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-356-3511					
Start Date (10) 01 / 20 / 20		Scheduled Completion Date (11) 02 / 20 / 20		License No. 01127					
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 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)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and ceiling plaster	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and ceiling plaster	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and ceiling plaster	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and ceiling plaster	1250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 01/10/2020			

Inv # 173460
PAID

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

CL 9110

Date of Notification (1) 1/10/2020		Name of Building Owner/Operator (2) CLARIDGE HOUSE CONDO ASSOCIATION	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 CLARIDGE DRIVE	
		City, State, Zip Code VERONA, NJ, 07044	
		Name of Contact MR. ERIC CUNZ	Telephone Number 973-239-4244
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CLARIDGE HOUSE CONDO ASSOCIATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 CLARIDGE DRIVE			
City (5) VERONA	Square Feet 500,000	# of Floors 13	Bldg. Age 1965
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CONDO APTS	
Name of Monitoring Firm Hired by Building Owner (8)		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. 201-329-7444	License No. 00388
Start Date (10) 1/22/20	Scheduled Completion Date (11) 1/24/20	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		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) BASEMENT	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) THERMAL SYSTEM INSULATION
			Amount (Specify SF or LF) 150 LF
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601		Disposal Date 1/27/20	City, State NEWBURGH, PA. 17240
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 1/10/20

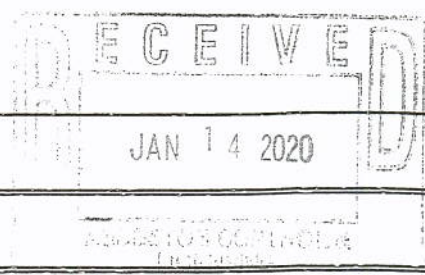
ASB-41

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

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

Proj. #: 20-04

NOIC



Date of Notification (1) 01/11/2020		Name of Building Owner/Operator (2) Eric Wcislo	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Union, NJ 07083	
		Name of Contact Eric Wcislo	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 # of Floors Bldg. Age 1,300 SF 02 75		
City (5) Union	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 01/17/2020		Sched. Completion Date (11) 01/19/2020	Name of OSHA Monitor KLOMAX, LLC		
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			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

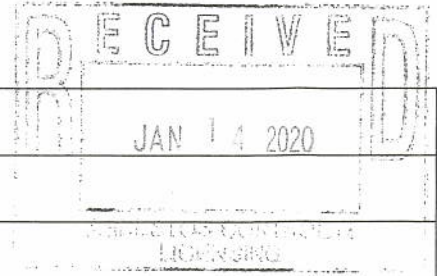
Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		Duct Insulation	28 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 KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 01/10/2020

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



Date of Notification (1) 1/9/2020		Name of Building Owner/Operator (2) COUNTY OF CAMDEN	
Agencies Notified	Type Notification	Street Address 520 MARKET STREET	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08102	
		Name of Contact KEVIN FITZSIMONS	Telephone Number 856-374-5188

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BUILDING 100		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 2600 MOUNT EPHRAIM AVENUE		Square Feet	# of Floors
City (5) CAMDEN		Bldg. Age	
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 515 GROVE STREET, SUITE 1B		Street Address 11 VREELAND AVENUE	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm ALAN LLOYD		Telephone No. 856-656-2875	License No. 00494
Start Date (10) 1/21/2020	Scheduled Completion Date (11) 3/6/2020	Name of OSHA Monitor SAME AS (9) ABOVE	
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: VACANT		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
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 3/6/2020		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/9/2020	

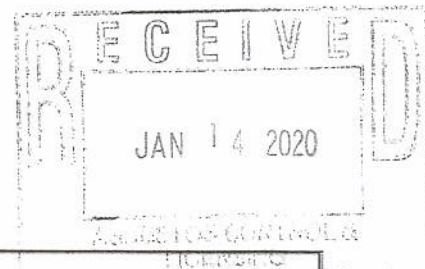
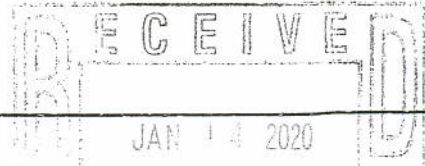


Table 1B – Identified Asbestos-Containing Materials
100 Building
2600 Mt. Ephraim Avenue
Camden, New Jersey 08104

HID and Material	Location	Approx. Quantity
6. 12"x12" Beige Marble Floor Tile and Mastic	Suite 101/102, Kitchen	700 SF
	Suite 104, Kitchen	150 SF
	Total	750 SF
8. Residual Black Mastic	Suite 101/102, Throughout	30,000 SF
	Suite 103, Throughout	13,000 SF
	Suite 105, Throughout	32,500 SF
	Total	75,500 SF
23M. Mastic associated with non-ACM 12"x12" White with Grey Streaks Floor Tile	Suite 103, Offices	2,000 SF
	Total	2,000 SF
27. Brown Linoleum Flooring and Mastic	Suite 101/102, Rear Hallways	200 SF
	Total	200 SF
35. Roof Core	Roof	80,000 SF
		80,000 SF
36. Roof Flashing	Roof	80,000 SF
		80,000 SF

Proj. #: 20-13

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)

Tom Cassidy

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

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

Street Address

City, State, Zip Code

Westfield, nj 07090

Name of Contact

Tom Cassidy

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Westfield

County (6)

Union

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

2,700 SF

of Floors

02

Bldg. Age

100

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

01/11/2020

Sched. Completion Date (11)

01/13/2020

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: NORMAL HOURS

Scope of Work (check all that apply)

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

- ☐ Full Containment w/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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove Repair Encap Encl

basement

Pipe Insulation

20 LF

Remove Repair Encap Encl

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
0038241

Cubic Yards of Waste
1 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

Signature

Date
01/09/2020