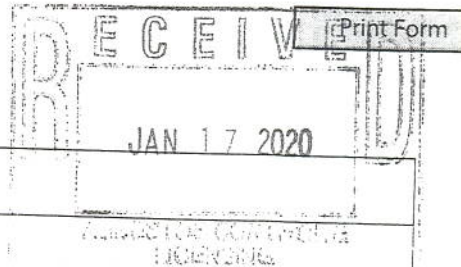


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



INVT 111208
CK1393
PAID

| | | | | | | | | | |
|--|---|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 01/15/20 | | Name of Building Owner/Operator (2) MATT'S CONSTRUCTION | | | | | | | |
| Agencies Notified | Type Notification | Street Address 14 IRENE CT | | | | | | | |
| <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 LAKEWOOD NJ 08701 | | | | | | | |
| | | Name of Contact MATT'S CONSTRUCTION | Telephone Number 732-905-4494 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Lakewood | | Square Feet | # of Floors | | | | | | |
| County (6) Ocean | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 01/27/2020 | Scheduled Completion Date (11) 01/28/20 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | | | | SIDING | 2500SF | x | | | |
| INTERIOR | | | | TILE | 100SF | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 12 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 01/28/20 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date 01/15/20 | | | |

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

| | | | | | | | | | |
|--|--|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 01/15/20 | | Name of Building Owner/Operator (2) Carvella Demolition | | | | | | | |
| Agencies Notified | Type Notification | Street Address 40 Deforest Ave. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code East Hanover, N.J. 07936 | | | | | | | |
| | | Name of Contact Dina Caravella | Telephone Number 973 884-4900 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Carlstadt | | 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) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 01/28/20 | Scheduled Completion Date (11) 02/11/20 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input 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 |
| INTERIOR | | | | SEE ATTACHED | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 20 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 02/11/20 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 01/15/20 | | | |

CARVELLA DEMOLITION

ASBESTOS

[REDACTED] CARLSTADT, NJ



Exterior (1st and 2nd Floor): 7 Window Glazing 11SF

Exterior (1st and 2nd Floor): 21 5x3 Window Caulk 30SF

1st Floor Office: 12" floor tile and mastic 754SF

Basement, Right Storage: 9: Floor tile and mastic 280SF

Garage, Roof: Asphalt Roof Shingles, Bottom and Top Layer 374SF

Main Building, Front Canopy: Tar Coat on Metal 189SF

Main Building Roof: Roofing 952SF


Roof Parapet: Roof Flashing 210SF

Angled Roof: Asphalt Roof Shingles 140SF

Inv#17431

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

JAN 17 2020

| | | | | | | | | | |
|--|--|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 01 / 14 / 20 | | Name of Building Owner/Operator (2) Don Gray | | | | | | | |
| 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 [REDACTED] City, State, Zip Code Reading, MA 01867 Name of Contact Don Gray Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Lavallette | | Square Feet 1200 | # of Floors 1 Bldg. Age 70 | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 01 / 24 / 20 | Scheduled Completion Date (11) 01 / 27 / 20 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1200 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | | Disposal Date 01/27/20 | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature  | | | Date 1/14/20 | | | |

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

| | | | | | |
|---|--|--|---|---|--|
| Date of Notification 1/9/2020 Type Notification | | Name of Building Owner / Operator (2) Corrados Family Affair of Brick | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation | Street Address 1930 NJ 88 | | | |
| | | City, State & Zip Code Brick, NJ 08724 | | | |
| | | Name of Contact Marco Dragone | | Telephone Number 973-390-2897 | |
| | | | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Supermarket | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | |
| Street Address 1930 NJ 88 | | Square Feet 36000 | | | |
| City (5) Brick | County (6) Ocean | County Code (7) | # of Floors 1.5 | Bldg. Age 70+ | |
| | | Current Use (Prior if being demolished) Commercial | | | |
| Name of Monitoring Firm Hired by Building Owner (8) The Vertex Companies | | ASCM No. | Name of Abatement Contractor (9) Global Abatement Services, LLC | | |
| Street Address 700 Turner Industrial Way | | Street Address 443 Schoolhouse Road | | | |
| City, State & Zip Code Aston, PA 19014 | | City, State & Zip Code Monroe Township, NJ 08831 | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone Number 610-558-8902 | Telephone Number 732-605-9062 | License Number 00714 | |
| Scheduled Start Date (10) 1/23/20 | Scheduled Completion Date (11) 2/4/20 | | Name of OSHA Monitor Global Abatement Services, LLC | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: | | Street Address 443 Schoolhouse Road | | | |
| | | City, State & Zip Code Monroe Township, NJ 08831 | | | |
| Scope of Work (Check all that apply) | | | | | |
| Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glove-bag Procedure <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Clean up | | | | | |
| 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 Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | |
| Main Floor Area | N/A | Floor mastic | 20,800 SF | Removal | |
| Name of Registered Waste Hauler Freehold Carting | | NJDEP Waste Hauler ID # 18693 | Cu. Yds. of Waste 40 | Name of Registered Landfill Fairless Landfill | |
| City, State Trenton, NJ | | Disposal Date 2/4/20 | City, State Fairless Hills, PA | | |
| Completed By (Print or Type) Dominick Tringali | Title Manager | Signature <i>Dominick Tringali</i> | | Date 1/9/2020 | |

Inv#17433

CK 1331 PAID

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

JAN 17 2020

Check # 1319

| Date of Notification (1) 12/6/19 | | Name of Building Owner/Operator (2) KINNEY BUILDING ASSOCIATES, LLC | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| 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 checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | 447 NORTHFIELD AVE. City, State, Zip Code WEST ORANGE, NJ 07052 | | | | | | | |
| | | Name of Contact ANDREW | Telephone Number 917-743-4789 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) KINNEY BUILDING | | Type of Facility (4) | | | | | | | |
| Street Address 790 BROAD STREET | | <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) NEWARK | Square Feet 94,200 | # of Floors 12 | Bldg. Age 106 | | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) VACANT AND 7-ELEVEN 1ST FLOOR | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | 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. 201-262-5841 | License No. 00156 | | | | | | |
| Start Date (10) 12/19/19 | Scheduled Completion Date (11) 1/21/20 | Name of OSHA Monitor Omega Environmental Servicer 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 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | | X | PLASTER | 8,740 | X | | | |
| BASEMENT | | | X | PIPE | 320 LF | X | | | |
| 1ST FLOOR | | | X | PLASTER | 920 | X | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 60 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 12/19/19 | | City, State Pen Argyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | Signature R. McDonald | | Date 12/6/19 | | | | |

RECEIVED
JAN 17 2000
Check # 13

JAN 17 2020 Check # 1319

ASB-41 (R-06-08)

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

CLC # 4975

Inv # 17434

PAID

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


RECEIVED

JAN 17 2020

| | | | |
|--|--|--|---|
| Date of Notification (1) 1-10-20 | | Name of Building Owner/Operator (2) REUTER 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"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 959 N. BEECHAM RD | |
| | | City, State, Zip Code WILLIAMSTOWN N.J 08094 | |
| | | Name of Contact TON | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) OCEAN CITY | Square Feet 1500 | # of Floors 2 | Bldg Age 50 |
| County (6) CAPT MUM | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) VACANT | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) KLEWCO INC | |
| Street Address | | Street Address 369 S SPRUCE AVE | |
| City, State, Zip Code | | City, State, Zip Code MAPLE SHADE N.J 08052 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-779-0472 | License No. # 01371 |
| Start Date (10) 1-20-20 | Scheduled Completion Date (11) 1-30-20 | Name of OSHA Monitor N/A | |
| 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"/> 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 | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE |
| | | | |
| | | | Amount (Specify SF or LF) 2000 SF |
| | | | Abatement Type Removal Repair Encapsulate Enclosure X |
| Name of Registered Waste Hauler KLEWCO INC | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 4 |
| City, State MAPLE SHADE W.J | | Disposal Date | Name of Registered Landfill C.M.C.M.U.A |
| | | | City, State WINDBOLT NJ |
| Completed By MICHAEL KLEWCO | Title PRES | Signature [Signature] | Date 1-10-20 |

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

INV# 17435
CK 776060 PAID

| Date of Notification (1) 1/14/20 | | Name of Building Owner/Operator (2) Stacy Janzer Private Home | | JAN 17 2020 | | | | | |
|---|---|---|---|--|---|-----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] City, State, Zip Code Manahawkin NJ 08005 Name of Contact Stacy Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Stacy Janzer 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] City (5) Manahawkin NJ 08005 | | | Square Feet 1000 + | # of Floors 2 | Bldg. Age 35+ | | | | |
| County (6) Ocean | | 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 West Berlin NJ 08091 | | | | | |
| City, State, Zip Code | | Telephone No. 609-685-9984 | | Telephone No. 856-753-9800 | License No. 00727 | | | | |
| Start Date (10) 1/23/20 | | Scheduled Completion Date (11) 1/29/20 | | 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | |
| City, State Elm NJ | | | | Disposal Date 1/29/20 | City, State Morrisville PA 19067 | | | | |
| Completed by Anthony T Perna | | | Title President | Signature  | | Date 1/14/20 | | | |

Inv# 17436
OK11593 PAID

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

RECEIVED
JAN 17 2020

| Date of Notification (1) 1 / 13 / 20 | | Name of Building Owner/Operator (2) Esther Wilson | | | | | | | |
|---|--|---|-----------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 [REDACTED] City, State, Zip Code Bloomfield NJ 07003 | | | | | | | |
| | | Name of Contact Esther Wilson | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Same | | 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 | | Square Feet 1541 | # of Floors 1 | | | | | | |
| City (5) | | Bldg. Age 57 | | | | | | | |
| County (6) Somerset | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L | ASCM No. 0021 | Name of Abatement Contractor (9) CPR Environmental Service | | | | | | | |
| Street Address 2200 PATTERSON PLANK UNIT 7 | | Street Address 8421 Hegerman St | | | | | | | |
| City, State, Zip Code NORTH BERGEN NJ 07047 | | City, State, Zip Code Philadelphia PA 19136 | | | | | | | |
| Project Manager for Monitoring Firm CARMELO ALTAMONTE | Telephone No. 2016474056 | Telephone No. 215 333-5117 | License No. 01328 | | | | | | |
| Start Date (10) 1 / 24 / 20 | Scheduled Completion Date (11) 1 / 28 / 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address Same | | | | | | | |
| | | City, State, Zip Code Same | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT | 930sf | <input checked="" 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"/> | <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 ASBESTOSTRANSPORTATION COMPANY | | NJDEP Waste Hauler ID No. S24310 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA ENTERPRISES LLC | | | | |
| City, State YAPHANK NY | | | | Disposal Date | City, State WAYNESBURG OH | | | | |
| Completed By (Print or Type) ANTHONY JONES | | Title PROJECT MANAGER | | Signature <i>Anthony Jones</i> | | Date 1/13/20 | | | |


CK# 25194

PAID

Inv# 17377

Print Form

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

| Date of Notification (1) 1/14/2020 | | Name of Building Owner/Operator (2) 480 S Democrat RD LLC | | JAN 17 2020 | | | | | |
|--|---|---|-----|---|---------------------------|--|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 480 S Democrat Road City, State, Zip Code Gibbstown, NJ 08027 Name of Contact Greg Young Telephone Number 610-804-2302 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vancant Property | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 442 South Democrat Road | | | | Square Feet 3100 | | | | | |
| City (5) Gibbstown | | | | # of Floors 2 | | | | | |
| County (6) Gloucester | | | | Bldg. Age 45+ | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc. | | ASCM No. _____ | | Name of Abatement Contractor (9) Diamond Huntbach Construction Corp. | | | | | |
| Street Address 617 Stokes Road, Suite 4-318 | | Street Address 500 E Luzerne Street, Unid D | | | | | | | |
| City, State, Zip Code Meford, NJ 08055 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm Rebecca Rubnitz | | Telephone No. 888-715-2211 | | License No. 00646 | | | | | |
| Start Date (10) 1/28/2020 | | Scheduled Completion Date (11) 1/31/2200 | | Name of OSHA Monitor Same as above | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 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 | | | X | Yellow Linoleum | 650 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Diamond Huntbach Construction Corp. | | NJDEP Waste Hauler ID No. 0036777 | | Cubic Yards of Waste 5 | | Name of Registered Landfill Western Berk Community Landfill | | | |
| City, State Philadelphia, PA | | | | Disposal Date as needed | | City, State Birdsboro, PA 19608 | | | |
| Completed by Wayne Huntbach | | Title Project Manager | | Signature  | | Date 1/14/20 | | | |

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

chk # 1181

| | | | | | | | | | |
|---|--|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 01/13/2020 | | Name of Building Owner/Operator (2) Aidalize Perez | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Linden, NJ 07036 | | | | | | | |
| | | Name of Contact Aidalize Perez | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | 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) Linden | | Square Feet 1,600 | # of Floors 2 | | | | | | |
| County (6) Union | | Bldg. Age 1942 | | | | | | | |
| 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 | | | | | | |
| Start Date (10) 01/25/2020 | | Scheduled Completion Date (11) 01/27/2020 | License No. 01355 | | | | | | |
| Name of OSHA Monitor Iris Environmental Laboratories, Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | | |
| <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 Union, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe Insulation | 15 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Danvic Contrating LLC | | NJDEP Waste Hauler ID No. 37574 | Cubic Yards of Waste 2 | 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 | | | Date 01/13/2020 | | | |

13.01.2020 10:44 AM

Inv#17324 PAID

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

RECEIVED
 DOL - 10 DAY
 JAN 17 2020
 PAGE 2/3
 Check 1328

| | | | |
|--|--|---|--|
| Date of Notification (1) 1/13/20 | | Name of Building Owner/Operator (2) AFFILIATED MANAGEMENT | |
| 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"/> BCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 301 S. LIVINGSTON AVE. SUITE 201 | | City, State, Zip Code LIVINGSTON N.J. 07039 | |
| Name of Contact RICH SHATWALL | | Telephone Number 973-335-2600 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) MILFORD ESTATES (OFFICE) | | 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 364 FALLER DRIVE | | Square Feet 12,000 | |
| City (8) NEW MILFORD | | # of Floors 2 | |
| County (5) BERGEN | | Bldg. Age 64 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) ARTS | |
| Name of Monitoring Firm Hired by Building Owner (6) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | |
| City, State, Zip Code | | Street Address 188 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) 1/13/20 | | License No. 00158 | |
| Scheduled Completion Date (11) 1/20/20 | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 280 Huyler Street | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 103 of or 103 ft <input checked="" type="checkbox"/> 2150 of or 1250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Hackensack, NJ 07608 | |
| Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ("I" 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 | | | |
| CRAWL SPACE (271 B) | | PIPE | |
| MECHANICAL ROOM (RECHILLER) | | PIPE | |
| | | 160 LF X | |
| | | 60 LF X | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | |
| City, State Newark, NJ 07105 | | Cubic Yards of Waste | |
| Completed by R. McDonald | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| Title President | | City, State Pen Argyl, PA 08072 | |
| Signature R. McDonald | | Date | |

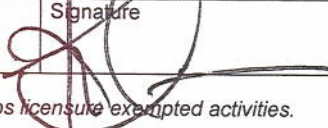
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK1971 **Int# 17437** **PAID**

RECEIVED
JAN 17 2020

| | | | | | | | | | |
|---|--|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 01-10-2020 | | Name of Building Owner/Operator (2) Federico Valenzuela | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Totowa NJ 07512 | | | | | | | |
| | | Name of Contact Federico Valenzuela | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | 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) Totowa NJ 07512 | | Bldg. Age N/A | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Private Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental | | ASCM No. _____ | Name of Abatement Contractor (9) Amax Contracting LLC | | | | | | |
| Street Address 2108 Fulton St Suite 2A | | Street Address PO BOX 734 | | | | | | | |
| City, State, Zip Code Brooklyn NY 11233 | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Kayode Adefisoye | | Telephone No. 347-241-7376 | Telephone No. 9730692-6298 | | | | | | |
| License No. 01266 | | | | | | | | | |
| Start Date (10) 01-20-2020 | Scheduled Completion Date (11) 01-24-2020 | Name of OSHA Monitor Amax Contracting 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address PO BOX 734 | | | | | | | |
| | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | pipe insulation | 8 LF | x | | | |
| Basement and crawl space | | | x | clean up residue on pipes | 80 LF | x | | | |
| basement stair and landing | | | x | VAT | 20 SF | x | | | |
| 2nd Floor | | | x | VAT | 100 SF | x | | | |
| Name of Registered Waste Hauler Amax Contracting LLC | | NJDEP Waste Hauler ID No. 0036184 | Cubic Yards of Waste 4 CY | Name of Registered Landfill Fairless Hills | | | | | |
| City, State Woodland Park NJ 07424 | | Disposal Date 01-30-2020 | | City, State Morrisville PA | | | | | |
| Completed by Tome Maslarkov | | Title Project Manager | | Signature | | Date 01-10-2020 | | | |

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

| | | | | | | | | | |
|---|---|---|-------------------------------------|--|---------------------------|---|--------------------------|--------------------------|-------------------------------------|
| Date of Notification (1) <div style="text-align: center;">1 / 15 / 20</div> | | Name of Building Owner/Operator (2) Newark Portuguese Congregation of JW Job #: 2001-2534 Check#2217 | | | | | | | |
| 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 67 Mott Street City, State, Zip Code Newark, NJ 07105 Name of Contact Daniel Kinross | | | | | |
| | | Telephone Number 916-768-9509 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Kindgdom Hall | | | | 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 67 Mott Street | | | | Square Feet 3192 | | | | | |
| City (5) Newark | | | | # of Floors 1 | | | | | |
| County (6) Essex | | | | Bldg. Age 50 | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Place of Worship | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental | | ASCM No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | |
| Street Address 617 Stokes Rd #4-318 | | Street Address 1835 Underwood Blvd | | | | | | | |
| City, State, Zip Code Medford, NJ 08055 | | City, State, Zip Code Delran, NJ 08075 | | | | | | | |
| Project Manager for Monitoring Firm REbecca Rubnitz | | Telephone No. (856) 596-9994 | | Telephone No. 609-702-0400 | | | | | |
| | | | | License No. 00862 | | | | | |
| Start Date (10) <div style="text-align: center;">1 / 27 / 20</div> | | Scheduled Completion Date (11) <div style="text-align: center;">2 / 4 / 20</div> | | 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 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 |
| Throughout | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile | 1,125 SF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 Asbestos and Mold Services, Corp. | | NJDEP Waste Hauler ID No. 0035680 | | Cubic Yards of Waste 5 | | Name of Registered Landfill Grand Central | | | |
| City, State Delran, NJ | | Disposal Date 2/4/20 | | City, State Penn Argyle, PA | | | | | |
| Completed By (Print or Type) Kaysi Gruner | | Title Office Assistant | | Signature  | | Date 1-15-2020 | | | |

Inv # 17438

CK 10353

PAID

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

RECEIVED
JAN 17 2020

| | | | | | | | | | |
|---|--|--|-----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 01 / 14 / 20 | | Name of Building Owner/Operator (2) Debbie Hammell | | | | | | | |
| 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 [REDACTED] City, State, Zip Code Delanco, NJ 08075 Name of Contact Debbie Hammell Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hammell 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 2,106 | | | | | | | |
| City (5) Delanco | | # of Floors 2 | Bldg. Age 110 | | | | | | |
| County (6) Burlington | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | License No. 00842 | | | | | | |
| Start Date (10) 01 / 29 / 20 | Scheduled Completion Date (11) 01 / 31 / 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 City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 80 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler 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 01/31/2020 | City, State Morrisville, PA | | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | Signature <i>Christina Fay</i> | | | | Date 1/14/2020 | | |

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

| | | | | | | | | | |
|---|--|---|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 01 / 13 / 20 | | Name of Building Owner/Operator (2) Building Homes for Heroes | | JAN 17 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 4584 Austin Boulevard | | | | | | | |
| | | City, State, Zip Code Island Park, NY 11558 | | | | | | | |
| | | Name of Contact Daniel Del Fava | | Telephone Number 407-603-1181 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Barnegat | | | | Square Feet 1,448 | # of Floors 2 | | | | |
| | | | | Bldg. Age 46 | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | License No. 00842 | | | | | |
| Start Date (10) 01 / 23 / 20 | | Scheduled Completion Date (11) 01 / 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 Route 130 North | | | | | | |
| | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input 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 |
| Family Room, Stairs, & 2nd Fl. Hall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Popcorn/Sheetrock Ceilings | 336 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 4 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 01/24/2020 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | | Signature <i>Christina Fay</i> | | Date 1/13/2020 | | | |

Inv# 17441

Print Form

PAID

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

RECEIVED
JAN 17 2020

CK13910

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 01/14/20 | | Name of Building Owner/Operator (2) Element Response Team | | | | | | | |
| 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 | City, State, Zip Code | | | | | | | |
| | | Name of Contact Element Response Team | Telephone Number 973-536-9283 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Nutley | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 01/24/20 | Scheduled Completion Date (11) 01/27/20 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | PLASTER ON CEILING | 90SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 01/27/20 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date 01/14/20 | | | |

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

IN# 17414
CK1391 PAID

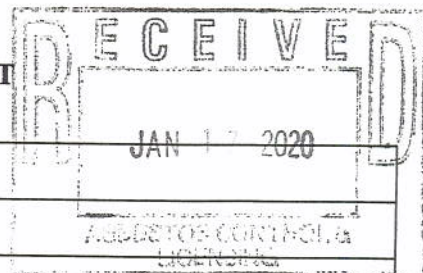
| | | | | | | | | | |
|--|---|--|---|---|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 01/14/2020 | | Name of Building Owner/Operator (2) Resipro | | JAN 17 2020 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 3525 Piedmont Road NE Building 7, Suite 70 | | | | | |
| | | City, State, Zip Code Atlanta, GA 30305 | | Telephone Number 844-554-0196 | | | | | |
| | | Name of Contact Resipro | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | | Square Feet # of Floors Bldg. Age | | | | | | |
| City (5) Ewing | | | Current Use (Prior if being demolished) Home | | | | | | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | |
| Street Address | | | | Street Address 6 WHITE DOVE COURT | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-668-9078 License No. 1200 | | | | | |
| Start Date (10) 01/24/20 | | Scheduled Completion Date (11) 01/27/20 | | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | | Street Address 6 WHITE DOVE COURT | | | | | | |
| | | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input 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 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 |
| INTERIOR | | | | PIPE INSULATION | 90LF | x | | | |
| | | | | | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler AAA LEAD PROFESSIONALS | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 4 | | Name of Registered Landfill MERCER COUNTY | | | |
| City, State LAKEWOOD, NJ | | Disposal Date 01/27/20 | | City, State TRENTON NJ | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date 01/14/2020 | | | |

PAID

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)



| | | | | | | | | | |
|--|--|---|--|--|------------------|---------|--------|------------|-----------|
| Date of Notification (1): 1/10/20 | | Name of Building Owner/Operator (2): JUSTIN LUCAS | | | | | | | |
| Agencies Notified () EPA (X) DEP (X) DOL (X) DOH () DCA | Type Notification () Initial Notification () Amendment Notification (X) Emergency () Cancellation | Street Address: [REDACTED] | | | | | | | |
| | | City, State, Zip Code: WESTFIELD, NJ | | | | | | | |
| | | Name of Contact: JUSTIN | Telephone Number: | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL/ | | Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address: [REDACTED] | | | | | | | | | |
| City & State (5): WESTFIELD, NJ | | Square Feet: NA | # of Floors: 2 Bldg. Age: NA | | | | | | |
| County (6): UNION | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished): RESIDENTIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES | | ASCM No.: NA | Name of Abatement Contractor (9): GUILIANO ENVIRONMENTAL, LLC | | | | | | |
| Street Address: 3 CROSSWICKS STREET | | Street Address: PO BOX 1124 | | | | | | | |
| City, State, Zip Code: BORDENTOWN, NJ 08505 | | City, State, Zip Code: SAYREVILLE, NJ 08871 | | | | | | | |
| Project Manager for Monitoring Firm: MICHEAL | | Telephone No.: 609-298-5520 | Telephone No.: (732) 238-7400 License No.: 01342 | | | | | | |
| Start Date (10): 1-11-20 | Scheduled Completion Date (11): 1-12-20 | Name of OSHA Monitor: GUILIANO ENVIRONMENTAL, LLC | | | | | | | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: | | Street Address: P.O. Box 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 | | | | | | | |
| Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (X) Renovation () Full Containment with Negative Pressure () ≥ 160 sf or ≥ 260 lf () Demolition (X) Mini Enclosure (X) Glovebag Procedure () Non-Friable Procedure () Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulat | Enclosure |
| BASDEMENT | | X | | PIPE INSULATION | 40 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler: NEWARK CARTING, INC | | NJDEP Waste Hauler ID No.: 04509 | Cubic Yards of Waste: | Name of Registered landfill: GRAND CENTRAL LANDFILL | | | | | |
| City, State: NEWARK, NJ | | Disposal Date: 9/30/19 | | City, State: PEN ARGLY, PA | | | | | |
| Completed By: Melinda Sobol | | Title: Adm. Asst | Signature: [Signature] | | Date: 1/10/20 | | | | |

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

RECEIVED
JAN 17 2020

| Date of Notification (1) 01-10-2020 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield NJ | | | | | | | |
| | | Name of Contact Katrina Lautz | Telephone Number 973-303-3582 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G Greenville Substation | | 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 45 Garfield Ave | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Jersey City | | Bldg. Age N/A | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Control Room | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 01-21-2020 | Scheduled Completion Date (11) 03-21-2020 | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Electrical Cabinet</u> | | Street Address 17 Old Dock Rd | | | | | | | |
| | | City, State, Zip Code Yaphank NY 11980 | | | | | | | |
| 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 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 |
| Control Room | | | x | Arc Tape | 36 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Veolia ES Technical Solution LLC | | NJDEP Waste Hauler ID No. NJD080631369 | Cubic Yards of Waste 2 yds | Name of Registered Landfill EQ Wayne Disposal | | | | | |
| City, State Flanders, NJ | | | Disposal Date TBD | City, State Belleville, MI | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | | Signature <i>Raymond S. Tutiven</i> | | | Date 01-10-2020 | | |