STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification 01/18/19

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BRISTOL MYERS SQUIBB

Type of Facility (4)

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

Square Feet:
20,000

# Of Floors:
2

Building Age:
40+

Occupancy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of
  Abatement
☐ Abatement Performed Outside of Normal Facility
  Hours - Describe:
☐ Other - Describe: 7:00 AM-3:30 PM

Scope of Work (Check All That Apply)

☐ Demolition
☐ ≥3sf or ≥3ff
☐ ≥160 sf or ≥260 lf

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

Location of Asbestos Containing Material (ACM)

TO BE ABATED

Is Location Normally Used Solely by Maintenance/Custodial Staff (12)

Location

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
ENCAPSULATION
ENCLOSURE

Name of Registered Waste Hauler
NORTHSTAR CONTRACTING GROUP INC

WASTE MANAGEMENT - FAIRLESS HILL LANDFILL

City, State
EAST HANOVER, NJ

Disposal Date

Completed by (Print or Type)
Steve Stiles

Title
Project Manager

Signature

Date
01/18/19

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>R E M O V A L</th>
<th>R E P A I R</th>
<th>E N C A P S U L</th>
<th>E N C L O S U R</th>
</tr>
</thead>
<tbody>
<tr>
<td>B 65, EXTERIOR</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>CAULK</td>
<td>20 LF</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B 65, 2ND FLOOR</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>VAT</td>
<td>10 SF</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

RECEIVED
JAN 23 2019
ASBESTOS CO.
**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
550 Route 440 East Building

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

**Square Feet**
100,000

**Building Age**
40 +

**Current Use (Prior if being demolished)**
VACANT

**Street Address**
550 Route 440

**City, State, Zip Code**
Morris Plains, NJ 07950

**Name of Building Owner / Operator (2)**
Bayfront Redevelopment LLC

**Name of Contact**
William Hague

**Telephone Number**
973-456-2175

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

**ASCM NO**
NORTHSTAR CONTRACTING GROUP, INC.

**Street Address**
28 Pennell Road
Media, PA 19063

**City, State, Zip Code**
32 Williams Parkway

**Telephone Number**
973-884-8882

**License Number**
00860

**Target Completion Date (11)**
01/30/19

**Name of OSHA Monitor**
NORTHSTAR CONTRACTING GROUP, INC.

**Street Address**
East Hanover, NJ 07936

**City, State, Zip Code**
East Hanover, NJ 07936

**Scope of Work (Check All That Apply)**
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Description of Asbestos - Containing Material (ACM)**
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Abatement Type**
- [ ] REPAIR
- [ ] MOVAL
- [ ] AIR CAP
- [ ] LONG CLOSURE

**Location of Asbestos Containing TO BE ABATED (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST BUILDING</td>
<td>PIPE &amp; FITTING</td>
<td>21 LF</td>
</tr>
<tr>
<td>EAST BUILDING</td>
<td>ROOF FLASHING</td>
<td>1450 SF</td>
</tr>
<tr>
<td>EAST BUILDING</td>
<td>JOINT COMPOUND</td>
<td>3050 SF</td>
</tr>
<tr>
<td>EAST BUILDING</td>
<td>ROOFING</td>
<td>85300 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NORTHSTAR CONTRACTING GROUP, INC.

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIRLESS LANDFILL</td>
<td></td>
</tr>
</tbody>
</table>

**City, State**
East Hanover, NJ

**Completed by (Print or Type)**
Steve Stiles

**Title**
Project Manager

**Signature**

**Date**
01/18/19
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td></td>
<td>REMOVAL</td>
</tr>
<tr>
<td>EAST BUILDING</td>
<td>900 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>EAST BUILDING</td>
<td>1990 SF</td>
<td>ENCAPSUL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENCLOSURE</td>
</tr>
</tbody>
</table>

MEMO

RECEIVED

JAN 23 2019

ASBESTOS C"
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
Pursuant to N.J.A.C. 5:80-7 AND 12:120-7

**Date of Notification (1)** 01/07/19

**Name of Building Owner / Operator (2)**
Bayfront Redevelopment LLC

**Street Address**
115 Tabor Road

**City, State, Zip Code**
Morris Plains, NJ 07950

**Name of Contact**
William Hague

**Telephone Number**
973-455-2757

**AGENCIES NOTIFIED**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOL

**TYPE OF NOTIFICATION**
- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency w/justification
- [ ] Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
550 Route 440 H Building

**Street Address**
550 Route 440

**City (5) County (6) County Code (7)**
Jersey City Hudson

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

**ASCM NON**
NORTHSTAR CONTRACTING GROUP, INC.

**Street Address**
25 Pennell Road

**City, State, Zip Code**
Media, PA 19063

**Name of Project Mgr. For Monitoring Firm**
Eric Sutherland

**Telephone Number**
610-891-0114

**SCHEDULED START DATE (10)**
01/28/19

**SCHEDULED COMPLETION DATE (11)**
06/30/19

**OCCUPANCY STATUS DURING ABATEMENT (Check Only 1)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility

**HOURS - DESCRIBE:**
- Other - Describe: 7:00AM - 3:30PM MON - FRI

**SCOPE OF WORK (CHECK ALL THAT APPLY)**
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**LOCATION OF ASBESTOS CONTAINING MATERIAL**

**TO BE ABATED**
- [ ] In Facility
- [ ] Not Used
- [ ] Solely by Maintenance/Custodial Staff (12)

**DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)**
- [ ] Insulation
- [ ] Surfacing
- [ ] Vat
- [ ] Other Miscellaneous

**LOCATION OF ASBESTOS CONTAINING TO BE ABATED (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>H BUILDING</td>
<td>PIPE &amp; FITTING</td>
<td>472 LF</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>BOILER STACK</td>
<td>15 LF</td>
<td></td>
</tr>
<tr>
<td>H BUILDING</td>
<td>JOINT COMPOUND</td>
<td>1425 SF</td>
<td></td>
</tr>
<tr>
<td>H BUILDING</td>
<td>ROOFING</td>
<td>69056 SF</td>
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**NAME OF REGISTERED WASTE HAULER**
NORTHSTAR CONTRACTING GROUP, INC.

**CITY, STATE**
EAST HANOVER, NJ

**NAME OF REGISTERED LANDFILL**
FAIRLESS LANDFILL

**CITY, STATE**
MORRISVILLE, PA

**COMPLETED BY (Print or Type)**
Steve Stiles

**TITLE**
Project Manager

**SIGNATURE**

**DATE** 01/18/19
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td>TRANSITE</td>
<td>225 SF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td>ROOF TAR</td>
<td>300 SF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td>VAT/MASTIC</td>
<td>18640 SF</td>
<td>E N C L O S U R</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td></td>
<td></td>
<td>E N C L O S U R</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td></td>
<td></td>
<td>E N C L O S U R</td>
</tr>
<tr>
<td>H BUILDING</td>
<td>YES No N/A</td>
<td></td>
<td></td>
<td>E N C L O S U R</td>
</tr>
</tbody>
</table>

RECEIVED

JAN 23 2019

ASBESTOS CONTAMINATION
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
**PURSUANT TO NJAC 8:60-7 AND 12:120-7**

**Name of Building Owner / Operator (2):**
J&R HOBOKEN, LLC

**Street Address:**
570 COMMERCE BLVD
CARLSTADT, NJ 07072

**Name of Contact:**
NICHOLAS DINALLO

**Telephone Number:**
201-487-8567

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
414 JEFFERSON STREET

**City (5):**
HOBOKEN

**County (6):**
HUDSON

**County Code (7):**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,500</td>
<td>3</td>
<td>40 +</td>
</tr>
</tbody>
</table>

**Type of Facility (4):**
- ☐ School (K-12)
- ☐ Subchapter 8 (Other than K-12)
- ☑ Other (i.e., private & commercial bldgs., homes, etc.)

**Current Use (Prior if being demolished):**
RESIDENCE/HOUSE

**Name of Monitoring Firm Hired by Bldg. Owner (8):**
ASCN NOT

**Street Address:**
907 Doolittle Drive
Bridgewater, NJ 08807

**Project Mgr. For Monitoring Firm:**
Eric Southerland

**Telephone Number:**
610-991-0114

**Scheduled Start Date (10):**
01/29/19

**Sched. Completion Date (11):**
04/30/19

**Occupancy Status During Abatement (Check Only 1):**
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility
- ☑ Other - Describe: 8:00AM - 4:30PM MON-FRI

**Scope of Work (Check All That Apply):**

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

**Location of Asbestos Containing Material (ACM) - TO BE ABATED:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>✗ Y N N A</td>
<td>☑ ROOF &amp; FLASHING</td>
<td>2,500 SF</td>
<td>☑ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler:</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHSTAR CONTRACTING GROUP, INC</td>
<td></td>
<td></td>
<td>FAIRLESS LANDFILL</td>
</tr>
</tbody>
</table>

**City, State:**
EAST HANOVER, NJ 07936

**Disposal Date:**
MORRISVILLE, PA 10967

**Completed by (Print or Type):**
Steve Stiles
Title: Project Manager

**Signature:**

**Date:**
01/18/19
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
January 2019

**Name of Building Owner/Operator (2)**
Exelon Generation Company, LLC

**Street Address**
741 U.S. Route 9 South

**City, State, Zip Code**
Forked River, New Jersey 08731

**Name of Contact**
Keith Dreher

**Telephone Number**
609-971-2118

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Oyster Creek Generating Station

**Street Address**
741 U.S. Route 9 South

**County Code (7)**
Ocean

**County Code (7)**

**Accredited Environmental Technologies**
ASCM No. #00021

**Name of Abatement Contractor (9)**
Advanced Specialty Contractors

**Street Address**
120 North Lime Street

**City, State, Zip Code**
Lancaster, PA 17602

**Name of OSHA Monitor**
Keith Dreher - Oyster Creek Generating Station

**Street Address**
741 Route 9 South

**City, State, Zip Code**
Forked River, New Jersey 08731

**Start Date (10)**
February 01, 2019

**Scheduled Completion Date (11)**
December 31, 2019

**Occupy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: Notification is for contingency, no planned abatement

**Scope of Work (Check All That Apply)**
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description Of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site-Wide (contingency)</td>
<td>Yes</td>
<td>Misc.</td>
<td>&lt;25 sf</td>
<td>Repair</td>
</tr>
<tr>
<td>Site-Wide (contingency)</td>
<td>No</td>
<td>Thermal System Insulation</td>
<td>&lt;10 if</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (PSC Industrial)**
NJDEP Waste Hauler ID No. DEP #SW2497

**Cubic Yards of Waste**
<1

**Name of Registered Landfill**
Conestoga Landfill

**Disposal Date**
12/31/19

**City, State**
2859 Sandstone Drive, Hatfield PA 19440

**Committed by**
Keith Dreher

**Title**
Sr. Site Ind. Safety Advisor

**Signature**

**Date**
1/18/19

*Do not use this form for asbestos license exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 22 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Millennial Partners LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Riverside Drive Suite 500</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden NJ 08103</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td>1 800 971-6773</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

The Victor Bldg

Street Address

201 N. Front Street

City (5) | Camden

County (6) | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) |

Name of Monitoring Firm Hired by Building Owner (8) | Vertex

Name of Abatement Contractor (9) | DELTA/BJDS, INC

Street Address

700 Turner Way Suite 105

Aston Pa 19014

Name of OSHA Monitor | Criterion Labs

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:45AM-4PM, 6:30PM-8AM

Start Date (10) | 2 / 1 / 19 | Scheduled Completion Date (11) | 3 / 31 / 19

Scope of Work (Check all that apply)

- ≥3 if or ≥3 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

- Yes
- No
- N/A

1st Floor Office

- Pipe insulation | 160 LF

Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP

City, State | 58 PYLES LANE NEW CASTLE DE

Completed By (Print or Type) | CHRISTINE DEL VISCO

Title | ASST. ADMINISTRATOR

Signature | [Signature]

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
PURSUANT TO NJAC 8:60-7.7 AND 12:120-7

Date of Notification (1) 12/11/18

Name of Building Owner / Operator (2) D&B HOBOKEN, LLC
Street Address 570 COMMERCE BLVD
City, State, Zip Code CARLSTADT, NJ 07072
Name of Contact NICHOLAS DINALLO Telephone Number 201-487-5567

AGENCIES NOTIFIED
☐ EPA ☐ DEP ☐ DOH ☐ DOL Type of Notification ☐ Initial ☐ Amended
Amendment # 5 ☐ Emergency w/ justification ☐ Cancellation

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) 414 JEFFERSON STREET

City (5) HOBOoken County (6) HUDSON County Code (7) H090

Square Feet 2,500 # Of Floors 3 Building Age 40 +
Current Use (Prior if being demolished) RESIDENCE/HOUSE

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO.
Street Address 414 JEFFERSON STREET
City, State, Zip Code CARLSTADT, NJ 07072

Project Mgr. For Monitoring Firm Eric Southierland Telephone Number 610-861-0114

Sched. Start Date (10) 02/04/19 Sched. Completion Date (11) 04/30/19

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe::
☐ Other - Describe: 8:00AM - 4:30PM MON-FRI

Scope of Work (Check All That Apply)
☐ Demolition ☐ Renovation ☐ Full Containment with Negative Pressure
☐ >3sf or >3lf ☐ Mini - Enclosure ☐ Glovebag Procedure
☐ ≥160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) 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)

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)

Amount (Specify SF or LF) Abatement Type

Location of Registered Waste Hauler Name of Registered Landfill (FAIRLESS LANDFILL)

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.

Cubic Yards of Waste FAIRLESS LANDFILL

City, State EAST HANOVER, NJ 07936 Disposal Date City, State MORRISVILLE, PA 10967

Completed by (Print or Type) Title Signature Date

Steve Stiles Project Manager 01/22/19
Date of Notification (1)
12/219

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
The Schundler Company

Street Address
150 Whitman Avenue

City, State, Zip Code
Edison, NJ 08817

Name of Contact
Dale Cross, Owner's Representative

Telephone Number
860-503-1664

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Schundler, Inc.

Street Address
150 Whitman Avenue

City (5)
Edison, NJ 08817

County (6)
Middlesex

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)
Lead Consultants of America, Inc.

Telephone No.
732-418-9006

Name of Abatement Contractor (9)
Prism Response, Inc.

Start Date (10)
2/5/2019

Scheduled Completion Date (11)
2/15/2019

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply)
- 23 sf or 23 ft
- 2160 sf or 2260 ft

Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)

Batch House - Storage Parts Room
- Vinyl Asbestos Floor Tile

Storage Building
- ACM Roofing Shingles

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste
60

Name of Registered Landfill
Fairless Landfill

City, State
Ewing, NJ

Disposal Date
2/19/19

City, State
Morrisville, Pennsylvania

Completed by
Jessica Wolfe
Title
Administrative Support

Signature
Jessica Wolfe
Date
1/22/19

ASB-41 (R-06-08)
Date of Notification (1) 12/6/18

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Trenton Board of Education
Street Address
1490 Prospect Street
City, State & Zip Code
Trenton, NJ 08638
Name of Contact
Mr. Dwayne Mosley
Telephone Number
609-866-3490

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Grace Dunn
Street Address
401 Dayton Street
City (5)
Trenton
County (6)
Mercer
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08010
Project Manager for Monitoring Firm
Steve Manla
Telephone Number
609-332-4200

Scheduled Start Date (10)
12/6/18
Scheduled Completion Date (11)
12/7/18

Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: 3:00PM – 12:30AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l
- ≥160 sf or ≥260 l
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
- Rm A-11X

Is Location Normally Used Solely by Maintenance or Custodial Staff?
- Yes
- No
- N/A

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

Description of Asbestos-Containing Material (ACM)
- Nail Crete
- Cubic Yards of Waste
- 1 Cu yd

Amount (Specify SF or LF)
- 25 SF

Abatement Type
- Removal
- Encapsulation
- Endosulf

Name of Registered Waste Hauler
Bristol Environmental Inc
City, State
Bristol, PA
Waste Hauler ID No.
18705
Disposal Date
12/7/18

Name of Registered Landfill
Fairless Landfill
City, State
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature
Date
12/6/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
1/17/19

**Name of Building Owner/Operator (2)**
Maria Defilippis

**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [ ] Initial
- [ ] Amended
- [x] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
(Removed for privacy)

**City, State, Zip Code**
River Vale, NJ 07675

**Name of Contact**
Maria Defilippis

**Facility Information**

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

**Name of Facility Where Abatement is Taking Place (3)**
Residential Home

**Square Feet**
2400

**# of Floors**
2

**Bldg. Age**
65 +/-

**Current Use** (Prior if being demolished)
Residential Home

**Name of Abatement Contractor (9)**
All Stages Abatement

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCM No.

**Project Manager**

**Street Address**
280 N. Midland Ave.

**City, State, Zip Code**
Saddle Brook, NJ 07663

**Telephone No.**
201-800-3184

**License No.**
01305

**Start Date (10)**
1/18/19

**Scheduled Completion Date (11)**
1/21/19

**Occupancy Status During Abatement (Check Only One)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>VAT</td>
<td>389 SF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
All Stages Abatement

**NJDEP Waste Hauler ID No.**
0038592

**Cubic Yards of Waste**
2 yd

**Name of Registered Landfill**
Grand Central Sanitary Landfill

**City, State**
Saddle Brook, NJ

**Completed by**
Richard Cristofoli

**Title**
President

**Signature**

**Date**
1/17/19

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:30-7 and 12:120-7)
Check # 9112

Date of Notification (1)
01/11/19

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Anne Klar

Street Address

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Anne Klar

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Anne Klar

Street Address

City (5)
South Orange

County (6)
Essex

County Code (7)

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

ASCM No.
n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-8869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ ≥2 sf or ≥2 If
☐ ≥160 sf or ≥260 If

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)

Removal
Repair
Encapsulation
Mini-enclosure
Glovebag procedure
Non-friable procedure

Basement pantry, boiler room & closet

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
01/31/2019

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature

Date
01/17/2019
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

NAME OF BUILDING OWNER/OPERATOR (2)  
Ameritrust Residential Services  

ADDRESS (3)  
3525 Piedmont Road, Building 7, Suite 700  
Atlanta, Georgia  

NAME OF CONTACT  
Steve Pfund  
Telephone Number  
551-486-3613  

FACILITY INFORMATION  

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
N/A  

STREET ADDRESS  
103 Passaic Ave  
City (5)  
Hawthorne  
County (6)  
Passaic  
County Code (7)  
(STATE USE ONLY)  

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)  
ASCM No.  

NAME OF ABATEMENT CONTRACTOR (9)  
Checkmark Industrial  
Street Address  
54 Morgan Dr  
City, State, Zip Code  
Sparta NJ 07871  

PROJECT MANAGER FOR MONITORING FIRM  
Telephone No.  
973-570-2645  
License No.  
01334  

START DATE (10)  
1/12/2019  
SCHEDULED COMPLETION DATE (11)  
1/19/2019  

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY)  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe:  

SCOPE OF WORK (CHECK ALL THAT APPLY)  
≥3 sf or ≥3 ft  
≥150 sf or ≥260 ft  
Renovation  
Demolition  

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED (13)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>120 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

NAME OF REGISTERED ASBESTOS CARTING  
Atlantic Carting  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste 3  
Name of Registered Landfill  
Waste Management  
City, State  
Wayne NJ  
Disposal Date  
City, State  
Tulleytown PA  
Completed by  
Corey Stankovic  
Title  
CEO  
Signature  
Date  
1/11/2019  

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and T2-120)

**Name of Building Owner/Operator (2)**
DOW Chemical Company

**Street Address**
65 Baekeland Avenue

**City, State, Zip Code**
Middlesex, NJ 08846

**Name of Contact**
Ken Borroni

**Telephone Number**
267-249-0071

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
DOW Chemical Bound Brook - Building 104

**Street Address**
65 Baekeland Avenue

**City (5)**
Middlesex

**County (6)**
Middlesex

**Square Feet**
300

**# of Floors**
1

**Bldg. Age**
40+

**Current Use (Prior if being demolished)**
Cylinder Storage Bldg

---

### Name of Abatement Contractor (9)

**Name of Abatement Contractor (9)**
Brandenburg Industrial Service Company

**Street Address**
2217 Spellman Drive

**City, State, Zip Code**
Bethlehem, PA 18015

**License No.**
00721

---

### Scope of Work (Check All That Apply)

- [x] ≥3 Sf or ≥3 Lf
- [x] ≥180 Sf or ≥290 Lf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- Non-Exempted (*) and Non-Friabile Procedure

---

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof of Cylinder Shed</td>
<td>[x] No N/A</td>
<td>Transite</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

---

### Name of Registered Waste Hauler

**Name of Registered Waste Hauler**
Brandenburg Industrial Service Co

**NJDEP Waste Hauler ID No.**
21838

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
GROWS North

**City, State**
Bethlehem, PA

**Disposal Date**
2/6/19

**City, State**
Fairless Hills, PA

**Completed by**
Stephen Carne

**Title**
Environmental Manager

**Signature**

**Date**
1/17/19

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>1015 Walnut Street</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
<td>Lebanon, PA 17042</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Amendment #</td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-6)</td>
<td>☑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silva Fox Properties, LLC</td>
<td>917-744-8445</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Murray, NJ 07865</td>
<td>200</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA Environmental</td>
<td></td>
<td>Super LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>220 Patterson Plank Road</td>
<td>01195</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmelo Altmontine</td>
<td></td>
<td>Super LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/15/19</td>
<td>2/15/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ All Asbestos</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY</td>
<td>Yes/No/N/A</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Floor, Ground Level</th>
<th>Roof</th>
<th>Interior Windows</th>
<th>2nd Floor Bedroom, Attic Area, Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Gray Floor Tile and Mastic</td>
<td>Black Roofing Material</td>
<td>Gray Caulking</td>
<td>Vermiculite</td>
</tr>
<tr>
<td>100 SF</td>
<td>150 SF</td>
<td>15 SF</td>
<td>880 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPER, LLC</td>
<td>0034893</td>
<td>TBD</td>
<td>G.R.O.W.S, Waste Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haledon, NJ</td>
<td>TBD</td>
<td>Morrisville, PA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailor Dominguez</td>
<td>Project Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: 01/17/2019

Agency Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Amended

Name of Building Owner/Operator:
DOW Chemical Company

Street Address:
65 Baekeland Avenue

City, State, Zip Code:
Middlesex, NJ 08846

Name of Contact:
Ken Borroni
Telephone Number:
267-249-0071

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place:
DOW Chemical Bound Brook - Building 212

Street Address:
65 Baekeland Avenue

City:
Middlesex

County:
Middlesex

Current Use (Prior if being demolished):
Offices/Labs

Square Feet:
5500

# of Floors:
1

Bldg. Age:
40+

Project Manager for Monitoring Firm:

One Source Safety and Health

Telephone No.:
610-524-5525

License No.:
00721

Name of Abatement Contractor:
Brandenburg Industrial Service Company

Street Address:
2217 Spillman Drive

City, State, Zip Code:
Bethlehem, PA 18015

Name of OSHA Monitor:
Brandenburg

Street Address:
2217 Spillman Drive

City, State, Zip Code:
Bethlehem, PA 18015

Start Date:
03/01/19

Scheduled Completion Date:
02/28/19

Facility Closed/Vacated During Entire Period of Abatement:
Yes

Abatement Performed Outside of Normal Facility Hours:
Yes - Describe: REMOVAL OF asbestos insulation - DEMO - 03/02/2019 - 03/22/2019

Scope of Work:

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To Be Abated:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>Floor Tile/Mastic</td>
<td>180 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>Roof</td>
<td>5500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Brandenburg Industrial Service Co

NJDEP Waste Hauler ID No.:
21838

Cubic Yards of Waste:
100

Name of Registered Landfill:
GROWS North

City, State:
Bethlehem, PA

Disposal Date:
2/4/19-2/28/19

City, State:
Fairless Hills, PA

Completed by:
Stephen Carne
Title:
Environmental Manager
Signature:

Date:
1/17/19

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 560 and 12-1-20)

**Name of Building Owner/Operator:** DOW Chemical Company

**Location:** DOW Chemical Bound Brook - Building 205

#### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** DOW Chemical Bound Brook - Building 205
- **Address:** 65 Baekeland Avenue
- **City:** Middlesex
- **County:** Middlesex
- **Square Feet:** 8000
- **Floors:** 3
- **Age:** 40+

#### Name of Monitoring Firm Hired by Building Owner:

**One Source Safety and Health**

**Name of Abatement Contractor:** Brandenburg Industrial Service Company

**Street Address:** 2217 Spillman Drive

**City, State, Zip Code:** Bethlehem, PA 18015

**Telephone No.:** 610-691-1800

**License No.:** 00721

**Type of Facility:** Other (i.e. private & commercial buildings, homes, etc.)

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**
- ≥3,000 ft or ≥3 if ≥160 ft or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Fittings</td>
<td>115 EA</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Transite</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof/Flashing</td>
<td>8000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Brandenburg Industrial Service Company**

**Waste Hauler ID No.:** 21838

**Cubic Yards of Waste:** 150

**Name of Registered Landfill:**

**GROWS North**

**City, State:** Bethlehem, PA

**Disposal Date:** 2/4/19-2/28/19

**Completed by:**

**Stephen Carne**

**Title:** Environmental Manager

**Date:** 1/17/19

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>B 205 Exterior</td>
<td>Window Caulk</td>
<td>70 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

RECEIVED
JAN 23 2019
ASBESTOS CO.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:12-12)

Date of Notification (1)
1/9/2019

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
SC Auction Holdings LLC

Street Address
449 East 18th Street

City, State, Zip Code
Paterson NJ 07524

Name of Contact
Marko Stankovic, Project Manager

Telephone Number
973-570-2645

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
190 Governor Street

City (5)
Paterson

County (6)
Passaic

County Code (7)
(State Use Only)

Current Use (Prior to being demolished)
Unoccupied

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Project Manager for Monitoring Firm

Telephone No.
973-570-2645

License No.
01334

Start Date (10)
1/10/2019

Scheduled Completion Date (11)
1/20/2019

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

Removal
Repair
Encasulation
Enclosure

Roof
X
N/A
Roofing material
6,170 SF
X

Roof
X
Pipe insulation
200 LF
X

Roof
X
Flashing
429 SF
X

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
40

Name of Registered Landfill
Waste Management

Disposal Date

City, State
Tulleytown PA

Completed by
Corey Stankovic
Title
CEO

Signature
Date
1/9/2019

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 1/11/2019

Name of Building Owner/Operator (2) Eugene Bonvenca

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address: [Redacted]

City, State, Zip Code: Bayonne NJ 07002

Name of Contact: Eugene Bonvenca

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A

Street Address: [Redacted]

City (5) Bayonne

County (6) Hudson

County Code (7) [STATE USE ONLY] ________

Current Use (Prior if being demolished)
- residence

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. ________

Name of Abatement Contractor (9)

Checkmark Industrial

Street Address: 54 Morgan Dr

City, State, Zip Code: Sparta NJ 07871

Project Manager for Monitoring Firm

Telephone No. 973-570-2645

License No. 01334

Start Date (10) 1/13/2019

Scheduled Completion Date (11) 1/18/2019

Occuancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Other – Describe: 

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- 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) 20 LF

Abatement Type X

Name of Registered Waste Hauler Atlantic Carting

NJDEP Waste Hauler ID No. ________

Cubic Yards of Waste 1

Name of Registered Landfill Waste Management

City, State Wayne NJ

Disposal Date ________

City, State Tulleytown PA

Completed by Corey Stankovic Title CEO

Signature: [Signature]

Date 1/11/2019

* 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)

### Date of Notification
01/17/19

### Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

### Name of Building Owner/Operator
Jacqueline Santos

### Street Address
Keary NJ 07760

### City, State, Zip Code
Keary, NJ 07760

### Name of Contact
Jacqueline Santos

### Telephone Number

### Name of Facility Where Abatement is Taking Place

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

### Square Feet

### # of Floors

### Bldg. Age

### Current Use (Prior if being demolished)

### Name of Monitoring Firm Hired by Building Owner
Omega Environmental Services

### ASCM No.
06120

### Name of Abatement Contractor
All Clean Environmental Inc.

### Street Address
106 Wreckland Ave

### City, State, Zip Code
South Hackensack, NJ 07606

### Telephone No.
201-489-8700

### License No.
201-546-2037 01243

### Start Date
01/17/19

### Scheduled Completion Date
03/09/19

### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

### Scope of Work
- [ ] 23 sf or ≥3’
- [ ] ≥160 sf or ≥250 sf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Groovebag Procedure
- [ ] Non-Exempted (*) and Non-Exachable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- [ ] Kitchen
- [ ] Basement

### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [ ] 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)
- [ ] 10 LF
- [ ] 70 LF

### Name of Registered Waste Hauler
Newark Carting

### NJDEP Waste Hauler ID No.
054500

### Cubic Yards of Waste

### Name of Registered Landfill
TJES

### Disposal Date

### City, State
City, State

### Bethlehem, pa 18015

### completed by
Darcey L. Moore
Title: Office Manager

### Signature

### Date
01/17/19

*Do not use this form for asbestos licensure exempted activities.*
### Notification of Asbestos Abatement

**State of NJ**

(Permitted to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):** 01/18/19

**Name of Building Owner/Operator (2):** William Taylor

**Street Address:**

**City, State, Zip Code:** Linden, NJ 07036

**Name of Contact:** William Taylor

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3):** William Taylor

**Street Address:**

**City (5):** Linden, NJ 07036

**County (6):** Union

**County Code (7):** (State use only)

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

**ASCM No.:** n/a

### Type of Facility (4):

- [ ] School (K - 12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet:**

**# of Floors:**

**Bldg. Age:** residential

**Current Use (Prior if being demolished):**

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

**Street Address:**

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** (973)696-6869

**License Number:** 00378

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:**

**City, State, Zip Code:** Lincoln Park, NJ 07035

### 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:**

### Scope of Work (check all that apply):**

- [ ] Demolition
- [x] Renovation
- [ ] Full Containment w/negative pressure
- [x] Glovebag procedure
- [ ] Mini-enclosure
- [x] Non-ferrous procedure

### Location of asbestos-containing material to be abated in facility (13):

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td></td>
<td>x</td>
<td>pipe insulation</td>
<td>66 lf</td>
</tr>
<tr>
<td>basement</td>
<td></td>
<td></td>
<td></td>
<td>pipe substrate</td>
<td>15 lf</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler:

**Name:** B & G Restoration, Inc.

**NJDEP Hauler ID #:** 19563

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Grand Central Landfill

**City, State:** Lincoln Park, NJ

**Disposal Date:** 01/30/2019

### Completed by (Print or Type):

**Gordana Luna**

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 01/18/2019
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

01/11/18

Name of Building Owner/Operator (2)
Steven Singer

Address:

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Steven Singer

Type of Facility (4)

Other (Private/Commercial Bidgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Facility Information

Name of facility where abatement is taking place (3)
Steve Singer

Street Address

City, State, Zip Code
Montclair, NJ 07042

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

ASCM No.
n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
01/31/2019

Scheduled Completion Date (11)
02/01/2019

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.

Description:

Other-Describe:

Scope of Work (check all that apply)
Demolition

Renovation

Full Containment/Inertive pressure

Glovebag procedure

Mini-enclosure

Non-containment procedure

Location of asbestos-containing material to be

Location normally used solely by maintenance/custodial

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Excavation

file room, main room, boiler

room, storage room & bottom

of stairs

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
19563

Cubic Yards of Waste
2 1/2

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
02/01/2019

City, State
Pen Argyll, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
01/18/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
01/18/2019

**Name of Building Owner/Operator (2)**
The Port Authority of New York & New Jersey

**Street Address**
70 Brewster Road
Newark, NJ 07114

**Name of Contact**
Michael DaCosta

**Telephone Number**
973-961-6390

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Newark Airport

**Street Address**
350 Scargo Earhart Drive
Newark

**County (6)**
Union

**County Code (7)**
N/A (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8)**
Matrix New World Engineering

**Telephone No.**
973-240-1800

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
35+

**Current Use (Prior if being demolished)**
Underground Fuel Piping

**Name of Abatement Contractor (9)**
Brandenburg Industrial Service Company

**Street Address**
2217 Spillman Drive

**City, State, Zip Code**
Bethlehem, PA 18015

**Telephone No.**
610-691-1800

**License No.**
00721

**Name of OSHA Monitor**
Brandenburg

**Street Address**
2217 Spillman Drive

**City, State, Zip Code**
Bethlehem, PA 18015

**Start Date (10)**
01/30/2019

**Scheduled Completion Date (11)**
03/28/2019

**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: Piping is subsurface outdoors

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 if
- [ ] 2,160 sf or ≥260 ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underground Fuel Piping</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- Black Tar Mastic/Paper

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Brandenburg Industrial Service Co

**Disposal Date**
2/14/19-3/28/19

**City, State**
Waynesburg, OH

**Completed by**
Stephen Carne

**Title**
Environmental Manager

**Signature**

**Date**
01/18/2019

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

- **Name of Facility Where Abatement is Taking Place:** Residential
- **Street Address:** 491 Elizabeth Ave.
- **City:** Somerset, NJ 08873
- **County:** Somerset
- **Square Footage:** 2500
- **No. of Floors:** 2
- **Bldg. Age:** 85+/-

### Name of Monitoring Firm Hired by Building Owner:

- **Environmental Tactics**

### Type of Facility:

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

### Name of Abatement Contractor:

- **Stevens Environmental Services, Inc.**

### Project Manager for Monitoring Firm:

- **Tom Geiger**

### Start Date:

- **2/5/2019**

### Occupancy Status During Abatement:

- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**
- **Other - Describe:** 8 am 4 pm

### Scope of Work:

- **Demolition**
- **Full Containment with Negative Pressure**
- **Glovebag Procedure**
- **Non-Exempted (*) and Non-Friable Procedure**

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 A Exterior</td>
<td>X</td>
<td>Transite Siding</td>
<td>2200 sf</td>
<td>X</td>
</tr>
<tr>
<td>16 B Exterior</td>
<td>X</td>
<td>Transite Siding</td>
<td>1320 sf</td>
<td>X</td>
</tr>
<tr>
<td>Main Floor / 2nd Floor</td>
<td>X</td>
<td>VAT</td>
<td>664 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler:

- **Stevens Environmental Services**

### City, State:

- **Allentown, NJ**

### Cubic Yards of Waste:

- **10 cu**

### Name of Registered Landfill:

- **Fairless Landfill**

### City, State:

- **Morrisville, PA**

### Completed by:

- **Mahlon E. Stevens**

### Title:

- **Project Manager**

- **Signature:**

- **Date:** 1/19/2019

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 1/19/2019

Name of Building Owner/Operator (2) Chuang

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address
- [Redacted]
- Princeton, NJ 08540

City, State, Zip Code
- Princeton, NJ 08540

Name of Contact
- Ivy Wen - Realtor

Telephone Number
- [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential

Street Address
- PO Box 341
- Chesterfield, NJ 08515

City, State, Zip Code
- Chesterfield, NJ 08515

County (6)
- Mercer

County Code (7)
- [STATE USE ONLY] ___

ASCM No.
- MECS

Name of Abatement Contractor (9)
- Stevens Environmental Services, Inc.

Street Address
- PO Box 322
- Allentown, NJ 08501

City, State, Zip Code
- Allentown, NJ 08501

License No.
- 00493

Project Manager for Monitoring Firm
- Bill Weissgarber
- Telephone No. (609) 298-4070

Start Date (10) 2/5/2019

Scheduled Completion Date (11) 2/15/2019

Name of OSHA Monitor
- MECS

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am - 4 pm

Scope of Work (Check All That Apply)
- ☒ ± 50 sf or ± 50 sq ft
- ☒ ± 600 sf or ± 600 sq ft
- ☐ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☒ Yes</td>
<td>Thermal Pipe Insulation 30 sf</td>
<td>Removal</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>☒ Yes</td>
<td>Thermal Pipe Insulation 35 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
- Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 2 cu

Name of Registered Landfill
- Fairless Landfill

City, State
- Allentown, NJ

Disposal Date 2/15/2019

City/State
- Morrisville, PA

Completed by
- Mahlon E. Stevens

Title
- Project Manager

Signature

Date 1/19/2019

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 21 / 19
Name of Building Owner/Operator (2)
Verizon
Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #____
☐ Emergency (including justification)
☐ Cancellation
Street Address
1 Verizon Way
City, State, Zip Code
Basking Ridge, NJ
Name of Contact
Brian Kingsbury
Telephone Number
301-802-5112
County Code (7) (STATE USE ONLY)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon
Street Address
399 Clinton Avenue
City (5)
Wyckoff, NJ 07481
County (6)
Union
Name of Monitoring Firm Hired by Building Owner (8)
ESIS Health and Safety
ASCN No.
Name of Abatement Contractor (9)
JVN Restoration Inc
Street Address
10 Exchange Place 13th floor
City, State, Zip Code
Jersey City NJ 07302
Telephone No.
201492 3165
License No.
00774
Start Date (10)
01 / 28 / 19
Scheduled Completion Date (11)
03 / 31 / 19
Name of OSHA Monitor
Testor Tech
Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM
☒ Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (13)
Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)
Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Giobeag Procedure
Non-Exempted (*) and Non-Friable Procedure

1ST FLOOR BREAK ROOM
☒ ☐ ☐ FLOOR TILE / MASTIC 180 SF
☒ ☐ ☐ FLOOR TILE MASTIC 30SF
Basement
☒ ☐ ☐ ☐ ☐

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No.
NJ-566
Cubic Yards of Waste
20
Name of Registered Landfill
G.R.O.W.S., Inc.
City, State
Hackettstown, NJ
Disposal Date
01/31/19
City, State
Morrisville, PA
Completed By (Print or Type)
Charles Tardy
Title
Project Manager
Signature
Date

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