

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

Check # 2294, 2430, 2445 and 2448

Date of Notification (1) January 21, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction Telephone Number 732-558-8967							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 509 Brass Castle Road		Square Feet	# of Floors						
City (5) Oxford		Bldg. Age 59							
County (6) Warren		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code		Street Address 829 Radio Road							
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087							
Telephone Number		Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) January 22, 2020	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Former Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Former Kitchen Area			X	Pipe and Fitting Insulation	160 LF				
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ		Disposal Date March 6, 2020		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>				Date January 21, 2020 November 6, 2019			

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

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

Check # 2294, 2430 and 2445

Date of Notification (1) January 14, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction	
		Telephone Number 732-558-8967	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4)	
Street Address 509 Brass Castle Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Oxford		Square Feet	# of Floors
County (6) Warren		Bldg. Age 59	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence -	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		Telephone Number	License Number
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11) March 5, 2020	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Former Bathroom Chases/Walls		X Pipe and Fitting Insulation	125 LF
Former Kitchen Area		X Pipe and Fitting Insulation	160 LF
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Synatech, Inc.	27429	4	Fairless Hills
City, State		Disposal Date	City, State
Little Egg Harbor, NJ		March 6, 2020	Morrisville, PA
Completed By	Title	Signature	Date
Diane Aloia	Executive Administrator	<i>Diane Aloia</i>	January 14, 2020 November 6, 2019

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

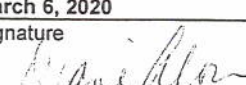
Check # 2294, 2430 and 2445

Date of Notification (1) January 10, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction	
		Telephone Number 732-558-8967	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4)	
Street Address 509 Brass Castle Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Oxford		Square Feet	# of Floors 59
County (6) Warren		Current Use (Prior if being demolished) Residence -	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 15, 2020	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Former Bathroom Chases/Walls		X	Pipe and Fitting Insulation 125 LF
Former Kitchen Area		X	Pipe and Fitting Insulation 160 LF
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4
City, State Little Egg Harbor, NJ		Name of Registered Landfill Fairless Hills	
Completed By Diane Aloia		Disposal Date March 6, 2020	City, State Morrisville, PA
Title Executive Administrator		Signature <i>Diane Aloia</i>	Date January 10, 2020 November 6, 2019

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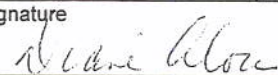
Check # 2294 / 2430

Date of Notification (1) January 3, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608	
		Name of Contact Jim Stiles - TCI Construction	Telephone Number 732-558-8967
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 509 Brass Castle Road		Square Feet	# of Floors
City (5) Oxford		Bldg. Age 59	
County (6) Warren		Current Use (Prior if being demolished) Residence -	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Former Bathroom Chases/Walls		X	Pipe and Fitting Insulation 125 LF
Former Kitchen Area		X	Pipe and Fitting Insulation 160 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date March 6, 2020	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date January 3, 2020 November 6, 2019

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Date of Notification (1) January 3, 2020 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608							
		Name of Contact Jim Stiles - TCI Construction	Telephone Number 732-558-8967						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59						
City (5) Oxford		Bldg. Age							
County (6) Warren		Current Use (Prior if being demolished) Residence -							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State & Zip Code		City, State & Zip Code							
Project Manager for Monitoring Firm		Telephone Number	License Number						
Scheduled Start Date (10) January 6, 2020		Scheduled Completion Date (11) March 5, 2020							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Name of OSHA Monitor Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Former Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Former Kitchen Area			X	Pipe and Fitting Insulation	160 LF				
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ		Disposal Date March 6, 2020		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator		Signature 		Date January 3, 2020 November 6, 2019			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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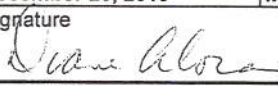
Check # 2294

Date of Notification (1) November 19, 2019 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608	
		Name of Contact Jim Stiles - TCI Construction	Telephone Number 732-558-8967
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59
City (5) Oxford		Bldg. Age	
County (6) Warren		Current Use (Prior if being demolished) Residence -	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		Telephone Number	License Number
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11) December 19, 2019	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Name of OSHA Monitor Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Bathroom Chases/Walls		Pipe and Fitting Insulation	125 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date December 20, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date November 19, 2019 November 6, 2019

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

Check # 2294

Date of Notification (1) November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State & Zip Code Trenton, NJ 08608 Name of Contact Jim Stiles - TCI Construction							
		Telephone Number 732-558-8967							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59						
City (5) Oxford		Bldg. Age							
County (6) Warren		Current Use (Prior if being demolished) Residence -							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State & Zip Code		City, State & Zip Code							
Project Manager for Monitoring Firm		Telephone Number							
Telephone Number		License Number							
Scheduled Start Date (10) November 20, 2019		Scheduled Completion Date (11) December 19, 2019							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Name of OSHA Monitor Synatech, Inc.							
		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap and Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills						
City, State Little Egg Harbor, NJ		Disposal Date December 20, 2019		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature 				Date November 6, 2019			

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

CK 9125

Date of Notification (1) 1/21/20		Name of Building Owner/Operator (2) MR. MARK NIKOLSKY				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code TEANECK, NJ, 07666 Name of Contact MR. NIKOLSKY Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. MARK NIKOLSKY		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 2000				
City (5) TEANECK		# of Floors 2				
County (6) BERGEN		Bldg. Age 1945				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address Best Removal Inc				
City, State, Zip Code		City, State, Zip Code 450 South River St				
Project Manager for Monitoring Firm		Telephone No. Hackensack, N.J. 07601				
Telephone No.		License No. 201-329-7444				
Start Date (10) 2/1/20		Scheduled Completion Date (11) 2/1/20				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St				
City, State, Zip Code S. Hackensack, N.J. 07606						
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	Encapsulate
BASEMENTS		VAT	110 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 2/2/20	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>	Date 1/21/20			

Proj. #: 20-22

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

PAID

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JAN 24 2020

Date of Notification (1) 01/12/20		Name of Building Owner/Operator (2) Jeroen Lamers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Jeroen Lamers		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,500 SF		
City (5) Montclair			County (6) Essex		# of Floors 02
County Code (7) (State use only)			Bldg. Age 90		Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address _____		Street Address 309 W. End Ave		City, State, Zip Code Hopatcong, NJ 07843	
City, State, Zip Code _____		Telephone Number 833-455-6629		License Number 02007	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor KLOMAX, LLC	
Start Date (10) 02/03/2020		Sched. Completion Date (11) 02/10/2020		Street Address 309 W. End Ave	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		City, State, Zip Code Hopatcong, NJ 07843		_____	

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure


Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		Pipe Insulation	179 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		Boiler flue patch	<1 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 01/21/2020

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

Date of Notification (1) 1/17/20		Name of Building Owner/Operator (2) Elain Spears							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Plainfield NJ 07062							
		Name of Contact Elain Spears	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Plainfield		Square Feet 1900	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 86						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address							
Project Manager for Monitoring Firm		4 E Gate Drive, PO Box 483							
Telephone No.		City, State, Zip Code							
Start Date (10) 1/25/20		Glenwood, NJ 07418							
Scheduled Completion Date (11) 1/31/20		Telephone No. 973-764-2276	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: kitchen		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	flooring	320 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature			Date 1/17/20			

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

Date of Notification (1) 1/21/20		Name of Building Owner/Operator (2) PuroClean		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">JAN 24 2020</div>					
Agencies Notified	Type Notification	Street Address 16 South Avenue West							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Tim Cunningham		Telephone Number 908-574-0093					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Linden			Square Feet 2100	# of Floors 2	Bldg. Age 86				
County (6) Union		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) ABS Environmental Services, LLC					
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 1/22/20		Scheduled Completion Date (11) 1/31/20		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	flooring	700 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 1/21/20		

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

OK 9126

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Date of Notification (1) 1/21/20		Name of Building Owner/Operator (2) MS. NANCY TARLETON	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code RIDGEWOOD, NJ, 07450	
		Name of Contact MS. TARLETON	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. NANCY TARLETON		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 2500	# of Floors 2
City (5) RIDGEWOOD		Bldg. Age 1945	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 2/4/20	Scheduled Completion Date (11) 2/4/20	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St	
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		City, State, Zip Code S. Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASERTENT			THERMAL SURFACING INSULATION
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 cfs	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601	Disposal Date 2/5/20	City, State NEWBURGH, PA. 17240	
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 1/21/20

ASB-41

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

CK#5419

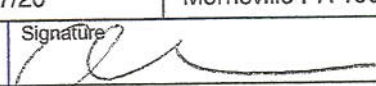
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/21/2020		Name of Building Owner/Operator (2) Down to Earth Landscaping						
Agencies Notified	Type Notification	Street Address	City, State, Zip Code					
<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	211 2nd Ave	Belmar, New Jersey 07719					
		Name of Contact Bill	Telephone Number 732 433 2129					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Down to Earth Landscaping Property		Type of Facility (4)						
Street Address 211 2nd Ave		<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) Belmar	County (6) Monmouth	Square Feet 4500	# of Floors 2					
County Code (7) (STATE USE ONLY)		Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) building						
Street Address		Name of Abatement Contractor (9) Ace Insulation Co Inc						
City, State, Zip Code		Street Address 95 Montrose Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey 07722						
Telephone No.		Telephone No. 732 294 1757	License No. 00029					
Start Date (10) 1/30/2020	Scheduled Completion Date (11) 2/7/2020	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior			✓ Siding	4500 sf	✓			
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 7	Name of Registered Landfill Chr...				
City, State Colts Neck, New Jersey		Disposal Date 2/7/20		City, State Eaton, NJ				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 1/21/2020		

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

Date of Notification (1) 1/21/20		Name of Building Owner/Operator (2) Desimone Construction		JAN 24 2020	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 711 A Mantua Pike City, State, Zip Code West Deptford NJ 08096 Name of Contact Anthony	
				Telephone Number 856-848-2897	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Auto Lenders New Parking Lot				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 106 RT 73				Square Feet 1000 +	
City (5) Voorhees Township NJ 08043				# of Floors 1	
County (6) Ocean				Bldg. Age 35+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No. 609-685-9984		Telephone No. 856-753-9800	
				License No. 00727	
Start Date (10) 1/30/20		Scheduled Completion Date (11) 2/7/20		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior Siding			x	Exterior Siding	1700SF
Kitchen			x	Linoleum	144 SF
Kitchen, Hallway, Rear Entry			x	Spackle	1200 SF
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 2/7/20		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature 	Date 1/21/20

CK# 4980

INV#17559

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

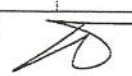
JAN 24 2020

Date of Notification (1) <u>1-19-20</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>				
Name of Contact <u>KRANIK</u>		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet <u>1500</u>				
City (5) <u>SEA ISLE CITY</u>		# of Floors <u>1</u>				
County (6) <u>CAPE MAY</u>		Bldg Age <u>50+</u>				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.				
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>				
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>				
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>				
Telephone No.		Telephone No. <u>856-779-0472</u>				
Start Date (10) <u>1-29-20</u>		License No. <u>01371</u>				
Scheduled Completion Date (11) <u>2-7-20</u>		Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address				
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		City, State, Zip Code				
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) <u>2750 SF</u>	Abatement Type		
				Removal	Repair	Encapsulate
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>2750 SF</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>19904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.N.S.M.W.A.</u>			
City, State <u>MAPLE SHADE N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>1-19-20</u>			

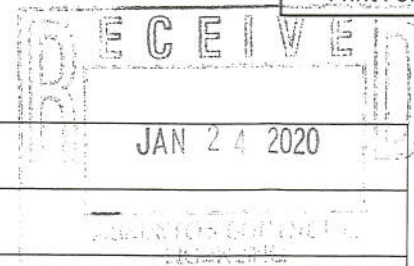
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/21/2020		Name of Building Owner/Operator (2) Milagros Jara-Almonte							
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 Roselle NJ 07203							
		Name of Contact Milagros Jara-Almonte	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Roselle		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Rizov LLC							
City, State, Zip Code		Street Address 246 Gaston Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Garfield NJ 07026							
Telephone No.		Telephone No. (862)262-8006	License No. 01369						
Start Date (10) 01/31/2020	Scheduled Completion Date (11) 02/03/2020	Name of OSHA Monitor Rizov LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	90	x			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Aleksandra Rizova		Title Owner	Signature [Signature]			Date 01/21/2020			

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

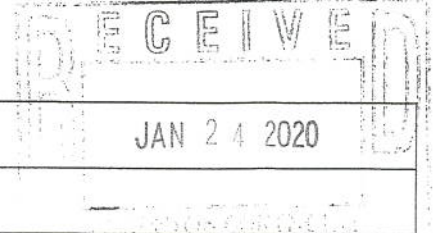
Date of Notification (1) 01.13.2020		Name of Building Owner/Operator (2) Steven Baldassarre		JAN 24 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Pompton Lakes, NJ 07442 Name of Contact Steven Baldassarre Telephone Number <div style="background-color: black; width: 50px; height: 15px;"></div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			City (5) Pompton Lakes, NJ 07442 Square Feet 1464 # of Floors 2 Bldg. Age 1952						
County (6) Passaic County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Renovations					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Spes Contracting LLC					
Street Address		Street Address 69 Danforth Ave, Unit 65							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-807-6330 License No. 01383					
Start Date (10) 01.13.2020		Scheduled Completion Date (11) 01.13.2020		Name of OSHA Monitor Spes Contractor LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 69 Danforth Ave, Unit 65 City, State, Zip Code Paterson, NJ 07501					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/Boiler Room			X	Pipe and Fitting Insulation	60 LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 1.0	Name of Registered Landfill Fearless Landfill				
City, State Paterson, NJ 07501				Disposal Date TBD	City, State Morrisville, PA				
Completed by Branislav Pavlov		Title project manager		Signature 		Date 01.13.2020			

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



Date of Notification (1) 01.20.2020		Name of Building Owner/Operator (2) North Arlington Board Of Education		JAN 24 2020	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		222 Ridge Road	
				City, State, Zip Code North Arlington, NJ 07031	
		Name of Contact Samantha Dembowski		Telephone Number (201) 991-6800	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Queen Of Peace School				Type of Facility (4)	
Street Address 191 Rutherford Pl				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Arlington				Square Feet N/A	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Renovations
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates			ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC	
Street Address 40 Monmouth Park Highway, Suite 2			Street Address 69 Danforth Ave, Unit #65		
City, State, Zip Code West Long Branch, New Jersey 07764			City, State, Zip Code Paterson, NJ 07501		
Project Manager for Monitoring Firm Kevin Burns			Telephone No. 732-676-1725	Telephone No. 973-807-6330	License No. 01383
Start Date (10) 01.30.2020		Scheduled Completion Date (11) 01.31.2020		Name of OSHA Monitor Spes Contracting LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 69 Danforth Ave, Unit #65	
<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 Paterson, NJ 07501	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	N/A		
Mechanical Room			X	Vinyl Tiles and Associated Mastic	30 SF
Name of Registered Waste Hauler Spes Contracting LLC			NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1.0	Name of Registered Landfill Fearless Landfill
City, State Paterson, NJ 07501			Disposal Date TBD		City, State Morrisville, PA
Completed by Branislav Pavlov		Title project manager		Signature 	Date 01.20.2020

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



Date of Notification (1) 01/20/2020		Name of Building Owner/Operator (2) Catalyst Experiential		JAN 24 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 type="checkbox"/> 1 Initial <input checked="" type="checkbox"/> 2 Amended XXX Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3400 West Chester Pike City, State, Zip Code Newtown Square, PA 19073 Name of contact Jim Curran Telephone Number 610.810.3326					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Zippy Lube & Residential 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 307 Route 202				Square Feet 4000 # of Floors 1 Bldg. Age 60+					
City (5) Flemington,				County (6) Hunterdon County, County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EAGLE IHA Inc		ASCM No.		Name of Abatement Contractor (9) Elcon Environmental Inc					
Street Address 359 Dresher Road		City, State, Zip Code Horsham, PA		Street Address 150 Glenwood Dr City, State, Zip Code Washington Crossing PA 18977					
Project Manager for Monitoring Firm Mark Hays		Telephone No. 215-672-6088		Telephone No. 215-313-7427 License No. 01225					
Start Date (10) 12/11/19		Scheduled Completion Date (11) 01/31/2020		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises			
City, State Wayneburg, OH				Disposal Date TBD		City, State Wayneburg, OH			
Completed by Andre Gosek		Title Pr. manager		Signature 		Date 11/26/2019			

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

Date of Notification (1) <u>1</u> / <u>17</u> / <u>20</u>		Name of Building Owner/Operator (2) Phyllis Gadson		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 24 2020 ASBESTOS CONTROL WORKING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Somerset NJ 08873							
		Name of Contact Phyllis Gadson	Telephone Number [REDACTED]						
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									
City (5)			Square Feet 2448	# of Floors 2	Bldg. Age 59				
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) <u>1</u> / <u>17</u> / <u>20</u>		Scheduled Completion Date (11) <u>1</u> / <u>16</u> / <u>20</u>		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) 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
Tool Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	445sf	<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 1.17.20			