

OK 33362 PAID

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

33362

Date of Notification (1)

1 / 22 / 19

Name of Building Owner/Operator (2)

PRUDENTIAL FINANCIAL

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #4
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Street Address

751 BROAD STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

JAN 30 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

751 BROAD STREET - 6TH FLOOR

Square Feet

785,000

of Floors

27

Bldg. Age

58

City (5)

NEWARK

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 16 / 18

Sched. Completion Date (11)

3 / 30 / 19

Name of OSHA Monitor

QUALITY

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: MONDAY - FRIDAY 6 PM-2 AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment
☐ Mini-Enclo.
☐ Glovebag Procedure
☐ Non-Friable Procedure

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

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSUL ENCLOSUR

6TH FLOOR - ENTIRE

X

FLOOR TILE & MASTIC

18,000 SF

x

ADDITION TO SCOPE:

BASEMENT TUNNEL

PIPE INSULATION

12 LF

x

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste
Hauler ID No.
913

Cubic Yards of Waste
120

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date
10/15-03/30/19

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

[Signature]

Date

1/22/19

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

RECEIVED
JAN 30 2019

Date of Notification (1) 11 / 8 /18			Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL		
Agencies Notified <input 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 751 BROAD STREET			City, State, Zip Code NEWARK, NEW JERSEY 07102		
Name of Contact JASON MCCAULEY			Telephone Number 973-802-4072		

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Street Address 751 BROAD STREET - 6TH FLOOR						Square Feet 785,000		# of Floors 27		Bldg. Age 58	
City (5) NEWARK		County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL					
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Street Address 28 NORTH PENNELL ROAD						Street Address 313 SPOOK ROCK ROAD					
City, State, Zip Code MEDIA, PA 19063						City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm RONALD KHACHADOURIAN				Telephone Number 610-891-0114		Telephone Number 845-369-7500		License Number 1101			
Expected State Date (10) 10 / 16 /18			Sched. Completion Date (11) 3 / 30 /19			Name of OSHA Monitor QUALITY					
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: MONDAY -FRIDAY 6 PM-2 AM SATURDAY & SUNDAY 7 AM-12AM											
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF						<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 10/15-03/30/19		City, State PLAINFIELD TOWNSHIP, PA		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 11/8/18			

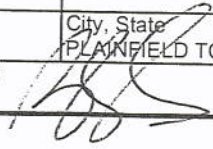
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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Street Address 751 BROAD STREET			City, State, Zip Code NEWARK, NEW JERSEY 07102		
Name of Contact JASON MCCAULEY			Telephone Number 973-802-4072		

FACILITY INFORMATION

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City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
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City, State, Zip Code MEDIA, PA 19063			City, State, Zip Code SUFFERN, NEW YORK 10901		
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Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590					

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	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 10/15-03/30/19		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/19/18	

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

Date of Notification (1) 10 / 12 /18			Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL		
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 Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 751 BROAD STREET			City, State, Zip Code NEWARK, NEW JERSEY 07102		
Name of Contact JASON MCCAULEY			Telephone Number 973-802-4072		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 751 BROAD STREET - 6TH FLOOR			Square Feet 785,000	# of Floors 27	Bldg. Age 58				
City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC			ASCM No.						
Street Address 28 NORTH PENNELL ROAD			Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code MEDIA, PA 19063			City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm RONALD KHACHADOURIAN			Telephone Number 610-891-0114						
Expected State Date (10) 10 / 16 /18			Sched. Completion Date (11) 3 / 30 /19						
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: MONDAY -FRIDAY 6 PM-2 AM			Name of OSHA Monitor QUALITY						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>REMOVAL</th> <th>REPAIR</th> <th>ENCAPSUL</th> <th>ENCLOSUR</th> </tr> </table>			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR						
Is Location normally used solely by Maint/Custodial Staff (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </table>			Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Yes	No	N/A							
6TH FLOOR -ENTIRE			FLOOR TILE & MASTIC						
Amount (Specify SF or LF) 18,000 SF			REMOVAL x						

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 10/15-03/30/19		City, State PLAINFIELD TOWNSHIP, PA		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 10/12/18			

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

32721

Date of Notification (1) 10 / 4 / 18		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 751 BROAD STREET City, State, Zip Code NEWARK, NEW JERSEY 07102	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact JASON MCCAULEY Telephone Number 973-802-4072	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 751 BROAD STREET - 6TH FLOOR		Square Feet 785,000	# of Floors 27
City (5) NEWARK		County (6) ESSEX	
County Code (7) (STATE USE ONLY) ASCM No.		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 28 NORTH PENNELL ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm RONALD KHACHADOURIAN		Telephone Number 610-891-0114	
Expected State Date (10) 10 / 15 / 18		Sched. Completion Date (11) 3 / 30 / 19	
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: MONDAY -FRIDAY 6 PM-2 AM		Name of OSHA Monitor QUALITY	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

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	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 10/15-03/30/19		City, State PLAINFIELD TOWNSHIP, PA		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 10/4/18		Date 10/4/18	

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

RECEIVED

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1 / 23 /19

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PRUDENTIAL FINANCIAL

Street Address

751 BROAD STREET

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NEWARK, NEW JERSEY 07102

Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #5
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

JAN 30 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

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☐ Subchapter 8 (Other than K-12)
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City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Expected State Date (10)

10 / 16 /18

Sched. Completion Date (11)

3 / 30 /19

Occupancy Status During Abatement (Check only one)


☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
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☐ >3SF OR LF
☒ >160 SF OR 260 LF

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6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			
ADDITION TO SCOPE:									
BASEMENT TUNNEL				PIPE INSULATION	12 LF	x			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS	Signature 		Date 1/23/19		

RECEIVED

JAN 30 2019

PLAINFIELD TOWNSHIP, PA
Date 1/22/19


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City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590						

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Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/8/18

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Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

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Street Address

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Square Feet

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of Floors

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Bldg. Age

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County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL

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ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 16 /18
Month Day Year

Sched. Completion Date (11)

3 / 30 /19
Month Day Year

Name of OSHA Monitor

QUALITY

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: MONDAY -FRIDAY 6 PM-2 AM
SATURDAY & SUNDAY 7 AM-12AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment
☐ Mini-Enclo ,
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
120

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date
10/15-03/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

10/19/18

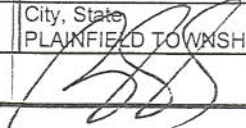
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10 / 12 /18		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
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 Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 751 BROAD STREET		City, State, Zip Code NEWARK, NEW JERSEY 07102	
Name of Contact JASON MCCAULEY		Telephone Number 973-802-4072	

RECEIVED
JAN 30 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 751 BROAD STREET - 6TH FLOOR		Square Feet 785,000	# of Floors 27
City (5) NEWARK		County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 28 NORTH PENNELL ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm RONALD KHACHADOURIAN		Telephone Number 610-891-0114	License Number 1101
Expected State Date (10) 10 / 16 /18 Month Day Year	Sched. Completion Date (11) 3 / 30 /19 Month Day Year	Name of OSHA Monitor QUALITY	
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: MONDAY -FRIDAY 6 PM-2 AM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

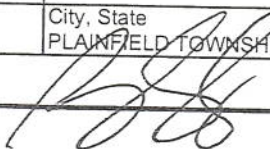
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/12/18

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

32721

Date of Notification (1) 10 / 4 /18		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 751 BROAD STREET		City, State, Zip Code NEWARK, NEW JERSEY 07102	
Name of Contact JASON MCCAULEY		Telephone Number 973-802-4072	

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 751 BROAD STREET - 6TH FLOOR				Square Feet 785,000	# of Floors 27	Bldg. Age 58
City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC				ASCM No.		
Street Address 28 NORTH PENNELL ROAD				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code MEDIA, PA 19063				Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm RONALD KHACHADOURIAN				City, State, Zip Code SUFFERN, NEW YORK 10901		
Telephone Number 610-891-0114				Telephone Number 845-369-7500		License Number 1101
Expected State Date (10) 10 / 15 /18		Sched. Completion Date (11) 3 / 30 /19		Name of OSHA Monitor QUALITY		
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: MONDAY -FRIDAY 6 PM-2 AM						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS	Signature 		Date 10/4/18		

NO OK

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

RECEIVED

Date of Notification (1)

1 / 22 / 19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact

ERIC MATTSON

Telephone Number

732-450-2689

JAN 30 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

Square Feet

250,000

of Floors

6

Bldg. Age

65

City (5)

RED BANK

County (6)

MONMOUTH

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2236

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 23 / 19

Sched. Completion Date (11)

9 / 30 / 19

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: MONDAY - FRIDAY 7AM-3:30PM

Street Address

1376 ROUTE 9

City, State, Zip Code


WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

Criticals with Negative Pressure

☒ Mini-Enclo.
☒ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105				Disposal Date 1/11/2019	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 1/22/19			

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

33 298

Date of Notification (1) 1 / 11 / 19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 RIVERVIEW PLAZA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Name of Contact ERIC MATTSO		Telephone Number 732-450-2689	

FACILITY INFORMATION

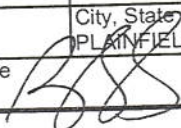
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19	
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: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Street Address 1376 ROUTE 9		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

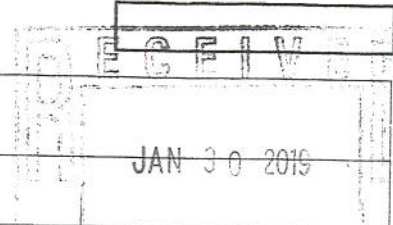
☐ Criticals with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF *	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	40 LF	X			
2ND FL EAST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019			City, State PLAINFIELD TOWNSHIP, PA	Date 1/11/19				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 1/11/19				

Check#3254

PAID

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



Date of Notification (1) 01 / 26 / 19		Name of Building Owner/Operator (2) Wilsid Suazo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Lyndhurst, NJ 07071							
Name of Contact Wilsid Suazo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Lyndhurst, NJ 07071									
County (6) Bergen	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address [REDACTED]		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 02 / 06 / 19	Scheduled Completion Date (11) 02 / 08 / 19								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tile	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 01/26/19			

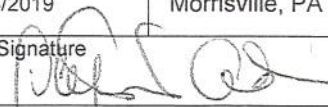
ASB-41

MAY 11

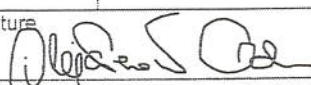
* Do not use this form for asbestos licensure exempted activities.

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

NOC

Date of Notification (1) 01/25/2019		Name of Building Owner/Operator (2) Diane Wakely		Check # 1373					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Caldwell, New Jersey 07738 Name of Contact Diane Wakely					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)					
City (5) Caldwell, New Jersey 07006				Square Feet 3,000	# of Floors 2				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Residence					
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 500 South Street		Street Address 606 McBride Ave							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No 201-632-1119		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01/26/2019		Scheduled Completion Date (11) 02/04/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Front Entry Foyer		X		Wallboard Joint Compound-Ceiling	60 SF	X			
1st Floor Front Entry Foyer		X		Wallboard Joint Compound-Walls	160 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 02/04/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 01/25/2019			

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

Date of Notification (1) 01/16/2019		Name of Building Owner/Operator (2) Diane Wakely		Check # 1373					
Agencies Notified <input 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 [REDACTED]		<div style="border: 1px solid black; padding: 5px; display: inline-block;">JAN 30 2019</div>				
			City, State, Zip Code Caldwell, New Jersey 07738						
			Name of Contact Diane Wakely						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address [REDACTED]									
City (5) Caldwell, New Jersey 07006				Square Feet 3,000	# of Floors 2				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Residence					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave				Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01/26/2019		Scheduled Completion Date (11) 01/29/2019		Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Front Entry Foyer		X		Wallboard Joint Compound-Ceiling	60 SF	X			
1st Floor Front Entry Foyer		X		Wallboard Joint Compound-Walls	160 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 01/29/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 01/16/2019			

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

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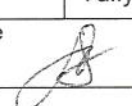
RECEIVED
JAN 30 2019

Date of Notification (1) 01-23-19		Name of Building Owner/Operator (2) Omar Rodriguez	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code Elizabeth, NJ 078201
			Name of Contact Omar Rodriguez
		Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Elizabeth,		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
			License No. 01206
Start Date (10) 01-25-19	Scheduled Completion Date (11) 01-28-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Transite Siding	2800 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ			Disposal Date 01-29-19	City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 	Date 01-23-19	

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

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JAN 30 2019

Date of Notification (1) 1-23-2019		Name of Building Owner/Operator (2) Mondelez International Inc.							
Agencies Notified	Type Notification	Street Address 100 Deforest Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Glenn Stock	Telephone Number 732-331-5405						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 100 Deforest Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Hanover, NJ 07936		Square Feet 100000	# of Floors 3						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age 44+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304							
Telephone No.		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 1-24-2019	Scheduled Completion Date (11) 1-30-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Roof		X		Caulking	2000 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 1-30-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 1-23-2019				

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

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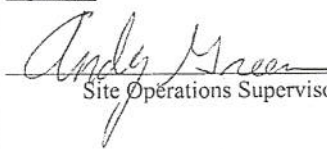
JAN 30 2019

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) Leo Mozulay							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Leo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Wayne		Square Feet 2100	# of Floors 2						
County (6) Passaic		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/1/19	Scheduled Completion Date (11) 2/11/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	1200 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling, LLC		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/24/19			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

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JAN 30 2019

<u>Date of Notification (1)</u> 1/23/19		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> () EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled () Emergency	
		<u>Street Address</u> 800 Billingsport Rd	
		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
		<u>Name of Contact</u> Ravi Jarecha	<u>Tel. Number</u> 856-224-4444
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	
<u>Street Address</u>		<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.	
		<u>Street Address</u> 26 Colonial Ave	
		<u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 2/5/19	<u>Scheduled Completion Date (11)</u> 2/8/19	<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area		<u>Street Address</u> 26 Colonial Avenue	
		<u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation () Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
Pipe Insulation Steam Lines TBA Warehouse	X	TSI - Glovebag	~20 LF
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> <3 CY	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ
<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - Mansfield Industrial, Inc	<u>Signature</u>  Site Operations Supervisor	<u>Date</u> 1-23-19

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414


Telephone 609-984-6620

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

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JAN 30 2019

Date of Notification (1) <div style="text-align: center;">01 / 25 / 19</div>		Name of Building Owner/Operator (2) RF Products, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1500 Davis Street							
		City, State, Zip Code Camden, NJ 08103							
		Name of Contact Robert Minke	Telephone Number 856-365-5500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RF Products, Inc.		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 1500 Davis Street									
City (5) Camden		Square Feet 50,000	# of Floors 3						
		Bldg. Age 70							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) <div style="text-align: center;">01 / 30 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">02 / 15 / 19</div>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Security Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreman's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coating Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	299 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ 07728		Disposal Date 02/15/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 1/25/19			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Future Store Room		X		Floor Tile and Mastic	500 SF	X

JAN 30 2019


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

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JAN 26 2019

Date of Notification (1) <u>01</u> / <u>24</u> / <u>19</u>		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 West State Street City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Georgette Bunch	Telephone Number 609-633-2127						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Taxation Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 50 Barrack Street									
City (5) Trenton	Square Feet 10,000	# of Floors 10	Bldg. Age 100						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Taxation Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 120 North Warren Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <u>02</u> / <u>08</u> / <u>19</u>	Scheduled Completion Date (11) <u>02</u> / <u>11</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5PM-12AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor North Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor North Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1.5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor North Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/11/19		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 1/25/19		

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

Check # 1765

Date of Notification (1) January 25, 2019		Name of Building Owner / Operator (2) James Gaughran	
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 <div style="background-color: black; height: 20px; width: 100%;"></div>	
		City, State & Zip Code Forked River, NJ 08731	
		Name of Contact James Gaughran	
		Telephone Number _____	

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 JAN 30 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>		Square Feet 160	# of Floors 1
City (5) Forked River		Bldg. Age 59 years	
County (6) Ocean		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 4, 2019	Scheduled Completion Date (11) March 4, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/ <u>Vacated</u> During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

☐ ≥ 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 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
Back Yard Shed			X	Siding	160 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date March 5, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date January 25, 2019

Franklin Meyer, NJ Pol

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

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Chk #3504

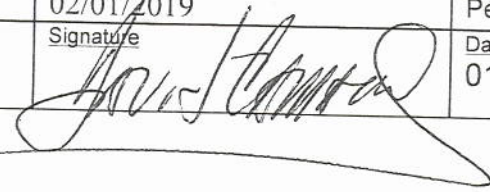
Date of Notification (1) 1 / 25 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number 609-258-1841							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-New Graduate College Room 2412		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address College Rd W & Springdale Rd		Square Feet							
City (5) Princeton		# of Floors 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/Classrooms							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc	ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 1 / 28 / 19	Scheduled Completion Date (11) 2 / 1 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM/____PM-____AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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 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
Room 2412	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 2412	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	96 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State FAIRLESS HILLS, PA					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / JS			Date 1-25-19				

ASB-41
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* Do not use this form for asbestos licensure exempted activities.

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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 01/12/2019		Name of Building Owner/Operator (2) Aakash Realty	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # () Emergency (including justification) () Cancellation	Street Address [REDACTED] JUN 30 2019	
		City, State, Zip Code Guttenberg, NJ 07093	
		Name of Contact Kush Gandhi	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address [REDACTED]		Entire Building: Sq. Feet: ~860,000 # of Floors 44 Bldg. Age 41	
City (5) Guttenberg	County (6) HUDSON	County Code (7) (State Use Only)	Condo unit (project location): Sq. Feet: ~800 # of Floors 1
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 01/22/2017	Scheduled Completion Date (11) 02/01/2019	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied apartment		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)			
(X) Full Containment with Negative Pressure () Mini-Enclosure () Glove-bag Procedure (X) 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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Bedroom, living room, dining room	X	Floor Mastic (black) and associated wood floor	~ 700 SQ FT
Name of Reg. Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 20
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 02/01/2019	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
Completed by (Print or Type) David Camacho		Signature 	City, State Pen Argyl, PA 18072
Title Project Supervisor		Date 01/12/2019	

CK# 5248

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

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Date of Notification (1) 1/26/19		Name of Building Owner/Operator (2) Rugliese Properties		JAN 30 2019					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 219 Nassau Street					
		City, State, Zip Code Princeton, New Jersey 08542		Telephone Number 609 356 0279					
		Name of Contact Brett							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rugliese 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 1330 Rte 206			Square Feet 10,000						
City (5) Skillman			# of Floors 2		Bldg. Age 50+				
County (6) Somerset			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Strip mall				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc				
Street Address			Street Address 95 Montross Rd						
City, State, Zip Code			City, State, Zip Code Columbia, NJ 07722						
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732 244 1777				
Start Date (10) 2/4/19			Scheduled Completion Date (11) 2/8/19		License No. 00029				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 9AM-2PM			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			✓	Siding	2900 lf	X			
Interior 1st FL			X	Floor tile	900 lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc			NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 8	Name of Registered Landfill Chriss				
City, State Columbia, NJ			Disposal Date 2/8/19		City, State Easton, PA				
Completed by Breen/Guire			Title Secretary/Treasurer	Signature Breen	Date 1/26/19				

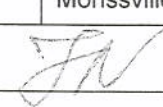
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State of New Jersey

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

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JAN 30 2019

Date of Notification (1) 01/23/2019		Name of Building Owner/Operator (2) Stephan Hubert							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940							
		Name of Contact Stephan Hubert	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Madison		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. 01311							
Start Date (10) 02/04/2019		Scheduled Completion Date (11) 02/05/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	120 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 01/23/2019		

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

Check # 10607

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Date of Notification (1) Jan 28, 2019		Name of Building Owner/Operator (2) Mark Franchi Demolition							
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 348 Hurffville - Greenlock Road							
		City, State, Zip Code Sewell NJ 08080							
		Name of Contact Mark Franchi	Telephone Number 856 820 0295						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Magnolia NJ 08049	Square Feet	# of Floors 2	Bldg. Age 60+						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 2-7-19	Scheduled Completion Date (11) 2-15-19	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Siding Shingles	2000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 2-15-19		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 1-28-19			

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

Check # 10606

Date of Notification (1) Jan 28, 2019		Name of Building Owner/Operator (2) Mark Franchi Demolition	
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 348 Hurffville - Greenloch Road	
		City, State, Zip Code Sewell NJ 08080	
		Name of Contact Mark Franchi	Telephone Number 856 820 0295

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Magnolia NJ 08049	Square Feet	# of Floors 1	Bldg. Age 70+
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single Family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 2-7-19	Scheduled Completion Date (11) 2-15-19	Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	

Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Siding Shingles	1200 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 2-15-19	City, State Morrisville PA		
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 1-28-19		

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

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JAN 30 2019

Date of Notification (1) 1/9/19		Name of Building Owner / Operator (2) Wells Fargo Bank	
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 checked="" type="checkbox"/> Amended R#2-1/24/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address One South Broad Street		City, State & Zip Code Philadelphia, PA 19107	
Name of Contact Steve Colton		Telephone Number 267-321-7784	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wells Fargo Trenton Brunswick Ave			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 891 Brunswick Avenue			Square Feet 4500		
City (5) Trenton			County (6) Mercer		# of Floors 2
County Code (7)			Bldg. Age 45+		
Current Use (Prior if being demolished) Banking Offices					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215) 788-6040		License Number 00509
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM to 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	36 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1/4 CU YD	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 1/21/19	City, State Fairless Hills, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / JMC</i>		Date 1/24/19

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

ck # 3500

Date of Notification (1) 1/9/19		Name of Building Owner / Operator (2) Wells Fargo Bank																																																																	
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 checked="" type="checkbox"/> Amended R#1-1/17/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">RECEIVED</div> <div style="text-align: right; font-weight: bold;">JAN 30 2019</div>																																																																
	Street Address One South Broad Street City, State & Zip Code Philadelphia, PA 19107 Name of Contact Steve Colton		Telephone Number 267-321-7784																																																																
FACILITY INFORMATION																																																																			
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Trenton Brunswick Ave Street Address 891 Brunswick Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																																																																	
City (5) Trenton	County (6) Mercer	County Code (7)	Square Feet 4500																																																																
			# of Floors 2																																																																
			Bldg. Age 45+																																																																
		Current Use (Prior if being demolished) Banking Offices																																																																	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010		ASCM No. 	Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007																																																																
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215) 788-6040																																																																
			License Number 00509																																																																
Scheduled Start Date (10) 1/23/19	Scheduled Completion Date (11) 1/24/19		Name of OSHA Monitor Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007																																																																
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM to 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement																																																																			
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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) <table border="1" style="width:100%; text-align: center;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 36 LF	Abatement Type <table border="1" style="width:100%; text-align: center;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Removal	Repair	Encapsulate	Enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name of Registered Waste Hauler Bristol Environmental Inc. City, State Bristol, PA		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1/4 CU YD Disposal Date 1/21/19	Name of Registered Landfill Fairless Landfill City, State Fairless Hills, PA																																																															
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 1/9/19																																																															

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

Chk #3495

RECEIVED

JAN 30 2019

Date of Notification (1) 1/9/19		Name of Building Owner / Operator (2) Wells Fargo Bank	
Agencies Notified	Type Notification	Street Address One South Broad Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Philadelphia, PA 19107	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Steve Colton	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 267-321-7784	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wells Fargo Trenton Brunswick Ave			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 891 Brunswick Avenue			Square Feet 4500	# of Floors 2	Bldg. Age 45+
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Banking Offices		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) 1/21/19		Scheduled Completion Date (11) 1/21/19		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM to 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

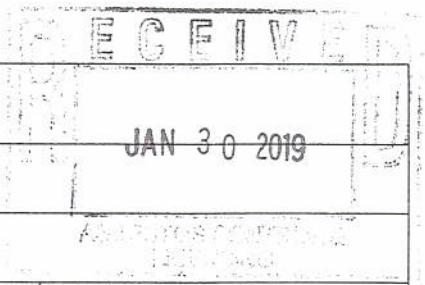
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	36 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1/4 CU YD	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 1/21/19		City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / JK</i>		Date 1/9/19

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



Date of Notification (1) <div style="text-align: center;">1 / 21 / 19</div>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-1/24/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 E. Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Ocean City Central Office		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 1206 Wesley Avenue									
City (5) Ocean City		Square Feet 15,230	# of Floors 2						
		Bldg. Age +50							
County (6) Cape May County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 2 / 5 / 19	Scheduled Completion Date (11) 2 / 14 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings & Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>			Date 1-24-19			

ASB-41
JAN 13 DD18053C

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

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

Chk # 3502

Date of Notification (1) 1 / 21 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 E. Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Ocean City Central Office		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 1206 Wesley Avenue		Square Feet 15,230							
City (5) Ocean City		# of Floors 2							
County (6) Cape May County		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		License No. 00509							
Telephone No. 215-365-5810		Telephone No. 215-788-6040							
Start Date (10) 2 / 5 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Scheduled Completion Date (11) 2 / 14 / 19		Street Address 1123 BEAVER STREET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings & Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings & Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Oil Tank Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings & Insulation	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro/gx		Date 1-21-19			

ASB-41
JAN 13 bdi8053C

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

Jan. 24. 2019 3:58PM

No. 0059 P. 19

JAN 30 2019

PAID

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

CK 1284

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 33 West State Street, 9th Fl, P.O. Box 094		City, State, Zip Code Trenton, NJ 08625	
Name of Contact R. Ferrara		Telephone Number 609-777-1970	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,152	
City (5) Manville, NJ 08835		# of Floors 2	
County (6) Somerset		Bldg. Age 53	
County Code (7) Somerset		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		ASCM No. _____	
Street Address PO Box 354		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code South Orange, NJ 07079		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 201-349-2666		Telephone No. 973-333-9176	
Start Date (10) 01/29/19		License No. 01331	
Scheduled Completion Date (11) 02/28/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 4PM		Street Address 20-21 Wageraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2360 sf or 2260 lf		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) UNIDENTIFIED In Facility (12)		Is Location Normally Used Solely for Maintenance/Custodial Staff? (12)	
See Attached		Yes No N/A	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035944	
City, State Woodland Park, New Jersey		Cubic Yards of Waste 3+	
Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
City, State Morrisville, PA		Signature <i>[Signature]</i>	
Completed by Dima Golcev		Title General Manager	
		Date 1/24/19	

WAIVER APPROVED

Jan. 24. 2019 3:57PM

No. 0059 P. 15

JAN 30 2019

PAID

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

CK1287

1/24/19

Division of Property Management & Construction

33 West State Street, 9th Fl, P.O. Box 094

Trenton, NJ 08625

R. Ferrara

609-777-1970

DOL - 10 DAY

WAIVER APPROVED

CK# 1282

Residence

Manville, NJ 08835

Somerset

A. Seine Lighthouse Solutions, LLC

PO Box 354

South Orange, NJ 07079

Sarah Calandra

201-349-2666

01/29/19

02/28/19

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: 8AM-4PM

Scope of Work (Check All That Apply)

☐ 23 sf or 23 ft

☒ 2300 sf or 2360 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 in Facility (10)	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	Encapsulation	Enclosure
Exterior Windows		X		Window Frame Glazing	350 LF	X			
Basement		X		Black Mastic on Floor (tile prev. removed)	1,000 SF	X			

Name of Registered Waste Hauler
Unicorn Contracting Corp.

NRHP Waste Hauler ID No.
0035844

Cubic Yards of Waste
2+

Disposal Date
TBD

Name of Registered Landfill
Fairless Hills Landfill

City, State
Morrisville, PA

Completed by
Dimo Golcev

Title
General Manager

Date
1/24/19

CK1921 PAID

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

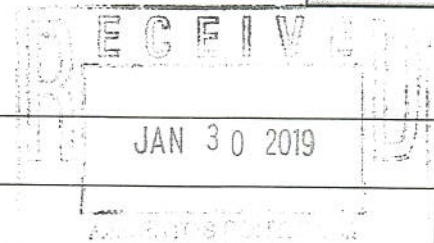
RECEIVED
JAN 30 2019

Date of Notification (1) 01-18-19		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 East Hanover NJ 07936							
		Name of Contact Jhon Caravella	Telephone Number (973) 884-4900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Dover		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 01-21-19	Scheduled Completion Date (11) 02-04-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		X		Demolition Asbestos Debris		X			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI					
City, State E. Hanover, NJ 07936		Disposal Date 01-25-19		City, State Bethlehem, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 01-18-19		

014923

PAID

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



Date of Notification (1) 01-18-19		Name of Building Owner/Operator (2) Caravella Demolition		JAN 30 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover NJ 07936 Name of Contact Jhon Caravella	
				Telephone Number (973) 884-4900	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4)	
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Dover				Square Feet	# of Floors
				Bldg. Age	
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address				Street Address 522 7th St.	
City, State, Zip Code				City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 01-21-19		Scheduled Completion Date (11) 02-04-19		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
Entire Property		X		Demolition Asbestos Debris	
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 80	Name of Registered Landfill IESI
City, State E. Hanover, NJ 07936		Disposal Date 01-25-19		City, State Bethlehem, PA	
Completed by Jaime Delgado		Title Proj. Manager.		Signature 	Date 01-18-19

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

PAID

RECEIVED

JAN 30 2019

Date of Notification (1) 01-18-19		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code East Hanover NJ 07936	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jhon Caravella	Telephone Number (973) 884-4900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Dover	Square Feet	# of Floors	Bldg. Age
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 522 7th St.	
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087	
Telephone No.		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 01-21-19	Scheduled Completion Date (11) 02-04-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union City NJ 07087	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Demolition Asbestos Debris		x			

Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI	
City, State E. Hanover, NJ 07936		Disposal Date 01-25-19		City, State Bethlehem, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 01-18-19

CK 10722

PAID

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

RECEIVED
JAN 30 2019

Date of Notification (1) 01-18-19		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 East Hanover NJ 07936							
		Name of Contact Jhon Caravella	Telephone Number (973) 884-4900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Dover		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 01-21-19	Scheduled Completion Date (11) 02-04-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Demolition Asbestos Debris		x			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI					
City, State E. Hanover, NJ 07936		Disposal Date 01-25-19		City, State Bethlehem, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 01-18-19			

Jan. 24. 2019 3:59PM

No. 0059 P. 24

JAN 30 2019

CK1283

PAID

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

CK1283

DOL - 10 DAY

WAIVER APPROVED

Date of Notification (1)		Name of Building Owner/Operator (2)	
1/24/19		Division of Property Management & Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	39 West State Street, 9th Fl, P.O. Box 034	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Trenton, NJ 08625	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Justification)	R. Ferrara	
	<input type="checkbox"/> Cancellation	Telephone Number	
		609-777-1970	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Residence		<input type="checkbox"/> School (K-12)	
Street Address		<input type="checkbox"/> Subchapter B (Other than K-12)	
[REDACTED]		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5)		Square Feet	0 of Floors
Manville, NJ 08835		1,152	2
County (6)	County Code (7)	Old Age	
Somerset	(STATE USE ONLY)	53	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
A. Seine Lighthouse Solutions, LLC		Home	
Street Address		Name of Abatement Contractor (9)	
PO Box 354		Unicorn Contracting Corp.	
City, State, Zip Code		Street Address	
South Orange, NJ 07079		92 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code	
Sarah Calandra		Woodland Park, NJ 07424	
Telephone No.		Telephone No.	License No.
201-349-2666		973-393-9176	01331
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
01/29/19	02/28/19	Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input checked="" type="checkbox"/> Other - Describe: 8AM-4PM		Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 95 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (specify sf or lf)
Basement	Yes No N/A	Exterior Window Frame Bulk	60 LF
Name of Registered Waste Hauler	NJOCA Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Unicorn Contracting Corp.	0095844	.5	Fairless Hills Landfill
City, State	Disposal Date	City, State	
Woodland Park, New Jersey	TBD	Morrisville, PA	
Completed by	Title	Signature	Date
Dima Golcev	General Manager	[Signature]	1/24/19

Jan. 24. 2019 3:55PM

No. 0059

JAN 30 2019

CK1285 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:170)

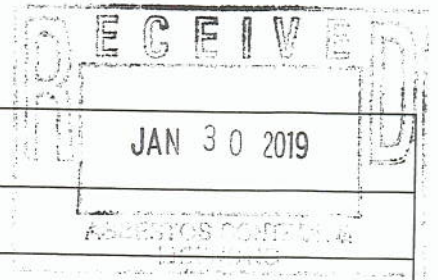
CK1285

DUE - 10 DAY

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) Division of Property Management & Construction						
Agencies Notified	Type of Notification	Street Address 33 West State Street, 9th Fl, P.O. Box 034						
<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 Trenton, NJ 08625						
		Name of Contact R. Ferrara	Telephone Number 609-777-1970					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) Manville, NJ 08835		Square Feet 1,692	# of Floors 2					
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 83					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address PO Box 354		Street Address 32 Willow Way						
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Woodland Park, NJ 07424						
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 973-339-9176					
Start Date (10) 01/29/19		Scheduled Completion Date (11) 02/28/19	License No. 01331					
Name of OSHA Monitor Envirovision Consultants, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM-4PM		Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
		City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 9 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 REMOVED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Roof		X	2nd Layer Shingles Main House	2,500 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 5+		Name of Registered Landfill Fairless Hills Landfill		
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Mocksville, PA				
Completed by Dino Golcov		Title General Manager		Signature <i>[Signature]</i>		Date 1/24/19		

OK 1543 PAID

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

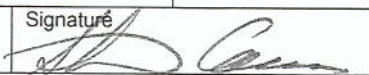


Date of Notification (1) 01 / 28 / 19		Name of Building Owner/Operator (2) Sayreville Public Schools		JAN 30 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 150 Lincoln Street		City, State, Zip Code Sayreville, NJ 08879					
		Name of Contact Ms. Erin Hill, BA		Telephone Number 732-525-5200					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			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 3198 Washington Road			Square Feet						
City (5) South Amboy			# of Floors		Bldg. Age				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		License No. 1188					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888					
Start Date (10) 01 / 28 / 19		Scheduled Completion Date (11) 02 / 08 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ 3:30PM-11:30PM			Street Address 27 Outwater Lane						
			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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill GROWS North Landfill/ Fairless Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 1/28/19			

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

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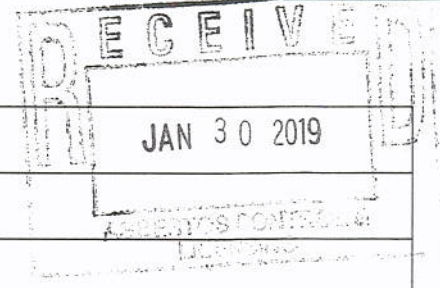
JAN 30 2019

Date of Notification (1) 01/28/2019		Name of Building Owner/Operator (2) The Chemours Company							
Agencies Notified	Type Notification	Street Address 1007 Market Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Wilmington, DE 19899							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim Lacey	Telephone Number 856-540-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 85 Machine Shop		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 Canal Road		Square Feet 18,000	# of Floors 1						
City (5) Deepwater		Bldg. Age 35+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	Telephone No. 610-691-1800						
License No. 00721									
Start Date (10) 03/04/19	Scheduled Completion Date (11) 03/21/19	Name of OSHA Monitor Brandenburg							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 03/04/19-03/21/19		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
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 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
B 85			X	Window Glazing	5040 LF	X			
B 85			X	Galbestos	700 SF	X			
B 85			X	Roof Flashing	2175 SF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 300	Name of Registered Landfill Salem Cty Landfill/Chemours Onsite					
City, State Bethlehem, PA		Disposal Date 3/4/19-3/26/19		City, State Alloway Twnship/Deepwater NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 			Date 1/28/2019		

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Print Form

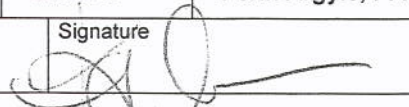
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01/28/2019		Name of Building Owner/Operator (2) The Chemours Company							
Agencies Notified	Type Notification	Street Address 1007 Market Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wilmington, DE 19899							
		Name of Contact Jim Lacey	Telephone Number 856-540-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 63 TEL Shop/Electrical		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 Canal Road		Square Feet 11,500	# of Floors 1						
City (5) Deepwater		Bldg. Age 35+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	Telephone No. 610-691-1800						
Start Date (10) 02/25/19		Scheduled Completion Date (11) 03/07/19	License No. 00721						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 02/25/19-03/07/19		Name of OSHA Monitor Brandenburg							
		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B 63			X	Window Glazing	920 LF	X			
B 63			X	Roof Flashing	510 SF	X			
B 63			X	Galbestos	100 SF	X			
B 63			X	Roof	7500 SF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 400	Name of Registered Landfill Salem Cty Landfill/Chemours Onsite					
City, State Bethlehem, PA		Disposal Date 2/25/19-3/12/19		City, State Alliway Twnship/Deepwater NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 01/28/2019			

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

RECEIVED
JAN 30 2019

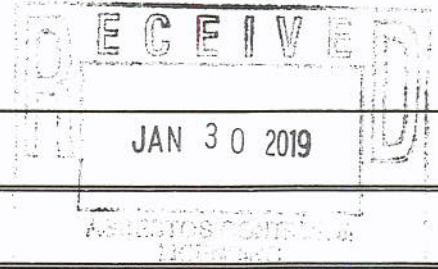
Date of Notification (1) 12 / 10 / 18		Name of Building Owner/Operator (2) The Reserve at Grace LLC/ Job #1811-2381 Chk. #5222							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2001 College Drive Ste 11							
		City, State, Zip Code Somerdale, NJ 08083							
		Name of Contact George Chollaj/MCR	Telephone Number 856-317-0006						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Reserve @ Grace		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 35 North White Horse Pike									
City (5) Somerdale	Square Feet Various	# of Floors Various	Bldg. Age Various						
County (6) Somerdale	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant-Rectory/Church/School/Gym/Resids							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 617 Stokes Road, Suite 4-318		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 888-715-2211	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 12 / 26 / 18	Scheduled Completion Date (11) 2 / 1 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 2/1/2019		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 1-25-19		

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

D&C Proj. #: 19-16

PAID

CK 7437



Date of Notification (1) 10/11/12/14/19		Name of Building Owner/Operator (2) john langan	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code millburn, nj 07041	
		Name of Contact john langan	Telephone Number _____

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____			Street Address 20 California Ave.	
City, State, Zip Code _____			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/26/19		Sched. Completion Date (11) 02/08/19	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		PIPE INSULATION	120 l ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/28/19		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____	
				Date 01/24/19	

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

JAN 30 2019

ck# 1281

DOI - 10 DAY

WAIVER APPROVED

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) Division of Property Management & 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 33 West State Street, 9th Fl, P.O. Box 034		City, State, Zip Code Trenton, NJ 08625	
Name of Contact R. Ferrara		Telephone Number 609-777-1970	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,392	
City (5) Manville, NJ 08835		# of Floors 2	
County (6) Somerset		Bldg. Age 69	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		ASCM No.	
Street Address PO Box 354		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code South Orange, NJ 07079		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 201-349-2666		Telephone No. 973-993-9176	
Start Date (10) 01/29/19		License No. 01331	
Scheduled Completion Date (11) 02/28/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM-4PM		Street Address 20-21 Wageraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> <25 sf or <25 ft <input checked="" type="checkbox"/> >250 sf or >250 ft <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 Fair Lawn, NJ 07410	
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	
Basement/ Foundation		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Int/Ext Vapor Barrier on Cinder Block Tar		2,500 SF	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	
City, State Woodland Park, New Jersey		Cubic Yards of Waste 3+	
Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
City, State Morrisville, PA		Date 1/24/19	
Completed by Dmitri Golcev		Title General Manager	

Jan. 24. 2019 3:54PM

No. 0059 P. 3

RECEIVED

DOL - 10 DAY JAN 30 2019

CK# 1250

CK 1250

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

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) Division of Property Management & 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 of 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 33 West State Street, 9th Fl, P.O. Box 034		City, State, Zip Code Trenton, NJ 08625	
Name of Contact R. Ferrara		Telephone Number 609-777-1970	

FACILITY INFORMATION

Name of Facility where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 928	
City (5) Manville, NJ 08835		# of Floors 2	
County (6) Somerset		Bldg. Age 109	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		Current Use (Prior to being demolished) Home	
Street Address PO Box 354		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code South Orange, NJ 07079		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 201-949-2666		Telephone No. 973-393-9176	
Start Date (10) 01/29/19		License No. 01321	
Scheduled Completion Date (11) 02/28/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM-4PM		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 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-Frangible Procedure		City, State, Zip Code Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Exterior		X		Tar Paper Vapor Barrier under Aluminum Siding	2,400 SF	X		
Basement		X		12 X 12 Gray Floor tile & Mastic	500 SF	X		
Name of Registered Waste Hauler Unicorn Contracting Corp.				NACM Waste Hauler ID No. 0035844	Cubic Yards of Waste 4+	Name of Registered Landfill Fairless Hills Landfill		
City, State Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA			
Completed by Dimo Golcev				Title General Manager	Signature <i>[Signature]</i>	Date 1/24/19		