

CK 38164

INT 17092

PAID

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

JAN 30 2020

Date of Notification (1) 01 / 27 / 20		Name of Building Owner/Operator (2) Monmouth County Park System							
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 805 Newman Springs Road							
		City, State, Zip Code Lincroft, NJ 07738							
		Name of Contact John Eisemann	Telephone Number 732-766-1929						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Imlaystown		Square Feet 1700	# of Floors 3						
		Bldg. Age 90							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	License No. 00624						
Start Date (10) 02 / 06 / 20	Scheduled Completion Date (11) 02 / 07 / 20	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 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 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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	50 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 02/07/20		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/27/20			

Inv# 17693

PAID

CK 38165

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

RECEIVED
JAN 30 2020
38165

Date of Notification (1) 01 / 27 / 20		Name of Building Owner/Operator (2) St. Joseph's Wayne Hospital							
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 703 Main Street		City, State, Zip Code Paterson, NJ 07503							
Name of Contact Margery Simpson		Telephone Number 973-754-4512							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joseph's 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 (i.e., private and commercial buildings, homes, etc.)							
Street Address 224 Hamburg Turnpike		Square Feet 400,000							
City (5) Wayne		# of Floors 10							
County (6) Passaic		Bldg. Age 60							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045							
Street Address 64 Broad Street		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code Matawan, NJ 07747		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm Tom Geiger		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No. 732-290-2217		Telephone No. 732-349-9932							
Start Date (10) 02 / 07 / 20		License No. 00624							
Scheduled Completion Date (11) 02 / 10 / 20		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
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
1 st floor-former kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	50 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 8		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 02/10/20		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/27/20			

Inv# M694

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

JAN 30 2020

CK 38163 PAID

Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Terex Properties							
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 700 Boston Blvd. City, State, Zip Code Sea Girt, NJ 08750 Name of Contact Rich Telephone Number 732-233-5448							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 800							
City (5) Howell		# of Floors 1							
County (6) Monmouth		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932							
Telephone No.		License No. 00624							
Start Date (10) 02 / 06 / 20		Scheduled Completion Date (11) 02 / 07 / 20							
Name of OSHA Monitor E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 02/07/20	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 1/27/20			

B & G proj. #: 2020-10

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

Check # 9865

Date of Notification (1) 01/12/2020		Name of Building Owner/Operator (2) Jennifer Warren	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Jennifer Warren	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jennifer Warren			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) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 02/17/2020		Sched. Completion Date (11) 02/21/2020	License Number 00378		
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: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ wrap & cut ☒ Full Containment w/negative pressure ☐ Glovebag procedure

☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
attic			<input checked="" type="checkbox"/>	vermiculite	620 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

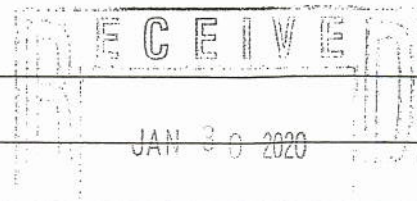
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/21/2020	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/28/2020

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

RECEIVED
JAN 30 2020

Date of Notification (1) 01/24/2020		Name of Building Owner/Operator (2) The Vertex Companies, Inc.							
Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Amendment # 1 () Emergency (including justification) () Cancellation	Street Address 3322 Route 22 West							
		City, State, Zip Code Branchburg, NJ 08876							
		Name of Contact Kevin Seise	Tel. Number (908)458-9236						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Edison, NJ 08837		Square Feet	# 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 Bldg. Owner		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 01/24/2020 ON HOLD	Scheduled Completion Date (11) 02/24/2020	Name of OSHA Monitor Testor Technologies							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address 10-59 Jackson Ave. City, State, Zip Code Long Island City, NY 11101							
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf () Renovation () ≥ 160 sf or ≥ 260 lf () Demolition () Full Containment with Negative Pressure () Mini-Enclosure (X) Glove bag Procedure () 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
Main Fl.		X		Pipe Insulation	240 LF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill Tri State Transfer Station Landfill					
City, State Lodi, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Roque G Schipilliti	Title Project Manager		Signature 			Date 01/24/2020			

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



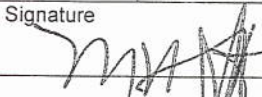
Date of Notification (1) 1/22/2020		Name of Building Owner/Operator (2) Engelhart							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Howard Engelhart	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540		Square Feet 2400	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 2/18/2020	Scheduled Completion Date (11) 2/21/2020	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	300 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 2/21/2020	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature			Date 1/22/2020			

Date of Notification (1) 1/28/20		Name of Building Owner/Operator (2) Mark Berger		JAN 30 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 Middlesex, NJ 08846 Name of Contact Mark Berger Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 2100						
City (5) Middlesex			# of Floors 2		Bldg. Age 65 +/-				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184					
Start Date (10) 1/30/20		Scheduled Completion Date (11) 2/2/20		License No. 01305					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			Name of OSHA Monitor						
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		VAT	357 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3 YD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 1/28/20			

Inv # 17697
CK 19099 PAID

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>27</u> / <u>20</u>		Name of Building Owner/Operator (2) Brixmor		JAN 30 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Fayette St. City, State, Zip Code Conshohocken, PA 19428 Name of Contact Lucas Heverly					
				Telephone Number 610-834-7219					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hamilton Plaza Kmart			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 1005 White Horse Avenue									
City (5) Trenton, NJ 08610			Square Feet 95,000	# of Floors 1	Bldg. Age 46				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 610-701-9000	License No. 00508				
Start Date (10) <u>2</u> / <u>11</u> / <u>20</u>		Scheduled Completion Date (11) <u>3</u> / <u>13</u> / <u>20</u>		Name of OSHA Monitor AET					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM			Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063						
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 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
Main Sales Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile / Mastic	83,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear & Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile	4400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Mercer Group		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 120	Name of Registered Landfill Western Berks Community Landfill				
City, State Mercer, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 1/27/20			

B & G proj. #:

2020-23

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

Check # 9862

Date of Notification (1)

01/12/2020

Name of Building Owner/Operator (2)

Jerome Brenner

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Bayonne, NJ 07002

Name of Contact

Jerome Brenner

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jerome Brenner

Street Address

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

City (5)

Bayonne, NJ 07002

County (6)

Hudson

County Code (7)

(State use only)

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

02/07/2020

Sched. Completion Date (11)

02/08/2020

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ wrap & cut☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

R e m o v e	R e p a i r	E n c a p	E n c l
<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"/>

basement

Pipe insulation

115 lf

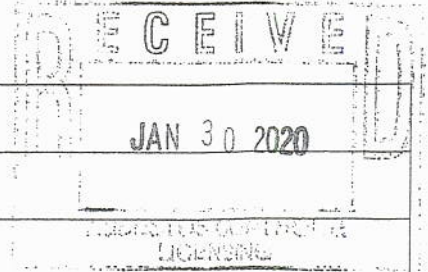
Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
02/10/2020City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
01/28/2020

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



Date of Notification (1) 1/28/2020		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.							
Agencies Notified	Type Notification	Street Address 1020 Kings George Post Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863							
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.		Type of Facility (4)							
Street Address 1020 King George Post Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fords		Square Feet	# of Floors						
County (6) Middlesex		Current Use (Prior if being demolished) boiler house piping, processing plant & tanks							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC						
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087							
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973-538-1110	License No. 01286						
Start Date (10) 2/18/2019	Scheduled Completion Date (11) 3/27/2020	Name of OSHA Monitor Stryker Demolition & Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 992 Old Eagle School Road, STE 910							
<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 Wayne, PA 19087							
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) <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
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X			
Door Gasket, caulk, counter		X		Other Misc.	530 LF	X			
QA, M1D, E2, E1, Press Areas		X		Pipe Insulation (TSI)	3043 LF	X			
ZAA, Ester 2, PA Tank, E1		X		Surfacing	3258 SF	X			
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998		Cubic Yards of Waste 65	Name of Registered Landfill Cumberland County Landfill				
City, State Northampton, PA				Disposal Date 1/31/2020	City, State Shippensburg, PA				
Completed by Mark Klotzbach		Title Vice President		Signature 		Date 1/28/2020			

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

CK 10640 PAID

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JAN 30 2020

Date of Notification (1) 01282020		Name of Building Owner/Operator (2) Neil Brosnan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomsbury							
		Name of Contact Neil Brosnan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) Bloomsbury		Bldg. Age 60							
County (6) Hunterdon County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 02/06/20	Scheduled Completion Date (11) 02/07/20	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe wrap nd cut	70LF				
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 02/07/20	City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 01/28/20					

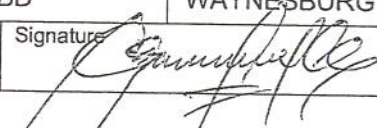
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 30 2020

Date of Notification (1) 1-24-2020		Name of Building Owner/Operator (2) TRG Academy, LLC							
Agencies Notified	Type Notification	Street Address 148 Madison Avenue, 16th Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 New York, NY, 10016							
		Name of Contact Mike Ferraro	Telephone Number 732-991-1173						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Jersey City		Square Feet 5000	# of Floors 2						
County (6) Hudson		Bldg. Age 75+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		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) 2-5-2020	Scheduled Completion Date (11) 2-8-2020	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 <input type="checkbox"/> 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 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
Roof		X		Roofing Material	625 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, N.J.		Disposal Date 2-8-2020		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 1-24-2020			

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

Date of Notification (1) 01/15/2020		Name of Building Owner/Operator (2) JOANNE MOISSIADES MELLERT							
Agencies Notified	Type Notification	Street Address							
<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	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code CLOSTER NJ. 07624 Name of Contact JOANNE							
		Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		<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) WEEHAWKEN NJ.		Square Feet 2,200	# of Floors 2						
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	Bldg. Age 103						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 4919 BERGENLINE AVE.							
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ.							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-776-0642	1300						
Start Date (10) 01/24/2020	Scheduled Completion Date (11) 01/25/2020	Name of OSHA Monitor EMSL ANALITYCAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		307 W. 38TH. STREET							
		City, State, Zip Code NY.NY.							
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 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
GARAGE & BASEMENT		X		PIPE INSULATION	158	X			
Name of Registered Waste Hauler TRI STATE		NJDEP Waste Hauler ID No. 1951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NEW YORK.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 01/15/2020					

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

RECEIVED
JAN 30 2020

INV# 17584
CK 1018
PAID

Date of Notification (1) 1/23/2020		Name of Building Owner/Operator (2) ROBERT HAMILTON							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH ARLINGTON NJ. 07031							
		Name of Contact ROBERT HAMILTON	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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) NORTH ARLINGTON NJ. 07031		Square Feet 1,346 SF.	# of Floors 2						
County (6)		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 4919 BERGENLINE AVE.							
City, State, Zip Code		City, State, Zip Code WEST NEW YORK N.J. 07093							
Project Manager for Monitoring Firm		Telephone No. 201- 776 - 0642	License No. 01300						
Start Date (10) 01/30/2020		Scheduled Completion Date (11) 01/31/2020							
Name of OSHA Monitor IRIS ENVIRONMENTAL LAB.									
Occupancy Status During Abatement (Check Only One)		Street Address 2333. RT. 22 W.							
<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 N.J.							
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 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
Basement		x		Floor Tile	340. Sf.	x			
Name of Registered Waste Hauler Tri - State Assocc		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX N.Y.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title PRESIDENT	Signature 	Date 1/23/2020					

01/25/2020 4:08PM FAX

Inv# 17582

CK 260065

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

CK#260065

RECEIVED 00002/0004

Print Form

JAN 30 2020

Date of Notification (1) 1/24/2020		Name of Building Owner/Operator (2) Pack		JAN 30 2020 DOL - 16 DAY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Trenton, NJ 08618 Name of Contact John Craig Telephone Number [REDACTED]	
Name of Facility Where Abatement is Taking Place (3) Residential					
Street Address [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Trenton, NJ 08618			Square Feet 3000		# of Floors 2
County (6) Mercer			County Code (7) (STATE USE ONLY)		Bldg. Age 100 +/-
Name of Monitoring Firm Hired by Building Owner (8) MECS			ASCM No.		
Street Address PO Box 341			Name of Abatement Contractor (9) Stevens Environmental Services, Inc.		
City, State, Zip Code Crosswicks, NJ 08515			Street Address PO Box 322		
Project Manager for Monitoring Firm Bill Weisgarber			City, State, Zip Code Allentown, NJ 08501		
Start Date (10) 2/27/2020			Telephone No. 809 298-4070		Telephone No. 809 259-9888
Scheduled Completion Date (11) 2/29/2020			License No. 00493		Name of OSHA Monitor MECS
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: 8 am to 4 pm					
Street Address PO Box 341					
City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2150 sf or 2250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)	
Basement		Yes No N/A X		VAT	
				320 sf	
				X	
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID # 18292		Cubic Yards of Waste 2	
City, State Allentown, NJ		Name of Registered Landfill Fairless Landfill		City, State Morgantown, PA	
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]	
				Date 1/24/2020	

ADB-41 (R-08-05)

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

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

Date of Notification (1) 1/24/2020		Name of Building Owner/Operator (2) Pack		RECEIVED JAN 30 2020					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City, State, Zip Code Trenton, NJ 08618		Name of Contact John Craig		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			<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, NJ 08618			Square Feet 3000	# of Floors 2	Bldg. Age 100 +/-				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322		City, State, Zip Code Allentown, NJ 08501					
City, State, Zip Code Crosswicks, NJ 08515		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Project Manager for Monitoring Firm Bill Weisgarber		Start Date (10) 2/27/2020		Scheduled Completion Date (11) 2/29/2020					
Occupancy Status During Abatement (Check Only One)			Name of OSHA Monitor MECS						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 am to 4 pm			Street Address PO Box 341						
			City, State, Zip Code Chesterfield, NJ 08515						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	320 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 2/29/2020	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 1/24/2020			

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

RECEIVED
JAN 30 2020

Date of Notification (1) 01/21/20		Name of Building Owner/Operator (2) Kyle Orlowicz		JAN 30 2020	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 KEARNY, NJ 07032 Name of Contact Luis Amengual Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED] City (5) KEARNY County (6) HUDSON			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.) Square Feet 121 # of Floors 2ND Bldg. Age 2ND Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) L.E.M. Construction Street Address 440 Lincoln Ave. City, State, Zip Code CLIFFSIDE PARK Telephone No. 201-456-5726 License No. 020041	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor	
Start Date (10) 01/23/20		Scheduled Completion Date (11) 01/27/20		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 2ND		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) tiles Amount (Specify SF or LF) 121 SF	
Name of Registered Waste Hauler NEWARK CARTING City, State		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste TBD Disposal Date	
Name of Registered Landfill TBD City, State		Completed by Luis Amengual Title Owner		Signature [Signature] Date 01/23/20	

Inv# 17683

Print Form

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

M02582490376

Date of Notification (1) 01/25/2020		Name of Building Owner/Operator (2) Kathryn Davidson		JAN 30 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Kathryn Davidson		Telephone Number [REDACTED]					
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]									
City (5) Maplewood			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 9733458685	License No. 01311				
Start Date (10) 02/06/2020		Scheduled Completion Date (11) 02/07/2020		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature [Signature]		Date 01/25/2020			

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

RECEIVED
JAN 30 2020

Date of Notification (1) 01/25/2020		Name of Building Owner/Operator (2) Shirley Meyer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Shirley Meyer	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) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
		License No. 01311							
Start Date (10) 02/05/2020		Scheduled Completion Date (11) 02/06/2020							
Name of OSHA Monitor D&S Abatement, 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 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 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
Basement		X		VAT	500 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature [Signature]			Date 01/25/2020		

Inv# 11324
CK 350310 PAID

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

35031

Date of Notification (1) 1 / 13 /2020		Name of Building Owner/Operator (2) PRUDENTIAL INSURANCE COMPANY OF AMERICA	
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 213 WASHINGTON 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 BILL BARRETT Telephone Number 973-802-2175	

JAN 30 2020

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL PLAZA			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			Square Feet 785,000	# of Floors 27	Bldg. Age 59
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) TIGER ENVIRONMENTAL INC.			ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 256A JEFFERSON COURT			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code LAKEWOOD, NEW JERSEY 08701			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm KELLY WALTON		Telephone Number 732-948-9458	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 2 / 02 / 20		Sched. Completion Date (11) 12 / 30 /20		Name of OSHA Monitor QUALITY	
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: Other - Describe: MONDAY -SUNDAY 7AM-3:30 PM					
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
4TH FLOOR -ENTIRE			X	VAT & MASTIC	33,000 SF	X			
23RD FLOOR -ENTIRE			X	VAT & MASTIC	21,000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK , NEW JERSEY				Disposal Date 02/02/20-12/30/20	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 1/13/20				

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

RECEIVED
JAN 30 2020

Date of Notification (1) 1 / 14 /20		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		JAN 30 2020	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
				City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact KINNARI PATEL		Telephone Number 732-594-6352	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			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 126 EAST LINCOLN AVENUE - BUILDING 50 G			Square Feet 60,000	# of Floors 3	Bldg. Age 49
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 6 /2020		Sched. Completion Date (11) 1 / 14 /2020		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encllo , <input type="checkbox"/> Glovebag Procedure <input checked="" 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) 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
1ST FLOOR LABS 130, 132, 135, 137, 140, 145, 147, 165			TRANSITE BRACKETS	194 SF	X
2ND FLOOR LABS 230, 235, 237, 240, 242, 245			TRANSITE BRACKETS	40 SF	X
3RD FLOOR LABS 330, 332, 335, 337, 340, 342, 345, 346, 347		X	TRANSITE BRACKETS	180 SF	X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/16-5/30/19		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 1/14/20	

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

34956

Date of Notification (1)

12 / 19 /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)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

JAN 30 2020

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet
60,000

of Floors
3

Bldg. Age
49

Street Address

126 EAST LINCOLN AVENUE - BUILDING 50 G

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

1 / 6 /2020
Month Day Year

Sched. Completion Date (11)

6 / 30 /2020
Month Day Year

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

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-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code


NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment 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
1ST FLOOR LABS 130, 132, 135, 137, 140, 145, 147, 165				TRANSITE BRACKETS	194 SF	X			
2ND FLOOR LABS 230, 235, 237, 240, 242, 245				TRANSITE BRACKETS	40 SF	X			
3RD FLOOR LABS 330, 332, 335, 337, 340, 342, 345, 346, 347				TRANSITE BRACKETS	180 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 12/19/19				

Inv # 17086
State of New Jersey - Notification of Asbestos Abatement

OK 3320 PAID (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

Date of Notification (1) January 24, 2020		Name of Building Owner/Operator (2) CSX	
Agencies Notified X EPA DCA X DOL X DEP X DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1 Bell Crossing Road		City, State, Zip Code Selkirk, NY 12158	
Name of Contact William Parry		Telephone Number 518.767.6049	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rail Car # CKIX 5001		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.) Train Car	
Street Address CSX Train Yard at 611 Delancy Street		Sq. Feet: Unknown # of Floors: Bldg. Age: 60 years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) AECOM		ASCM No.	
Street Address 30 Knightsbridge Road, Suite 520		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Piscataway, NJ 08854		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Walter Klock		Telephone Number 716.923.1272	License Number 00840
Scheduled Start Date (10) February 3, 2020		Scheduled Completion Date (11) February 7, 2020	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant Rail Car		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Train Car # CKIX 5001	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Caulking	Amount (Specify SF or LF) 60 lf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 1	Name of Registered Landfill Fairless Landfill Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date February 7, 2020	City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date January 24, 2020

GAC # 2020-695- New Start Date: Monday February 7, 2020

Inv# 17555

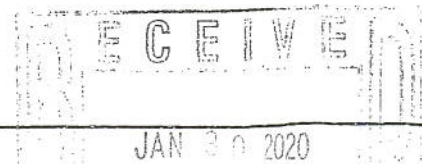
State of NJ

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

Proj. #: 20-22

CK 1255

PAID



Date of Notification (1) 10/11/12 11/12 10/1		Name of Building Owner/Operator (2) Jeroen Lamers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Jeroen Lamers		Telephone Number [REDACTED]	

FACILITY INFORMATION

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

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

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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			

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	179 LF	X			
basement		X		Boiler flue patch	<1 SF	X			

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

Proj. #: 20-20

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

RECEIVED
JAN 30 2020

Date of Notification (1)
01/11/2020

Name of Building Owner/Operator (2)
Marcon Ridgewood, LLC

Street Address
79 Chestnut St.

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Eloy Quero

Telephone Number
973-447-5675

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Commercial Building

Street Address
40 West Ridgewood Ave.

City (5)
Ridgewood, NJ 07450

County (6)
Bergen

County Code (7) (State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
3,800 SF

of Floors
02

Bldg. Age
80

Current Use (Prior if being demolished) Offices

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

ASCM No.

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Telephone Number
833-455-6629

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
01/30/2020

Sched. Completion Date (11)
02/12/2020

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			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						
Main Building Attic		X		Vermiculite	2,500 SF	X			
Annex Bldg. Attic		X		Vermiculite	600 SF	X			
Annex Bldg. Boiler Room		X		Ceiling Paper Insulation	150 SF	X			
Annex Bldg. Crawl Space		X		Debris Clean Up	600 SF	X			

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
0038241

Cubic Yards of Waste
30 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

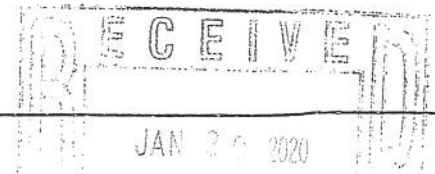
Title
Owner

Signature

Date
01/20/2020

Proj. #: 20-19

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



Inv# 17491
CK 1254 PAID

Date of Notification (1)
01/11/2020

Name of Building Owner/Operator (2)
Tom Intile

Street Address
[REDACTED]

City, State, Zip Code
CALDWELL, NJ 07006

Name of Contact
Tom Intile

Telephone Number
[REDACTED]

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
CALDWELL

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
2,000 SF

of Floors
02

Bldg. Age
100

Current Use (Prior if being demolished)
Residential

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

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Telephone Number
833-455-6629

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
01/27/2020

Sched. Completion Date (11)
01/31/2020

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
basement		X		Pipe Insulation	100 LF	X			

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
0038241

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

Signature
[Signature]

Date
01/16/2020

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

CK9855

B & C Proj. #: 2020-22

PAID

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)
*** EMERGENCY ***

JAN 30 2020

Check #9855

Date of Notification (1) <u>01/11/2020</u>		Name of Building Owner/Operator (2) Newark Public Schools		Check #9855 DOL-10 DAY TV WAIVER APPROVED Telephone Number 973-733-7355
Agencies Notified	Type Notification	Street Address 2 Cedar Street		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106		
		Name of Contact Paulinus Egu		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Benjamin Franklin School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 42 Park Avenue			Square Feet	# of Floors
City (5) Newark, NJ 07104	County (6) Essex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1253 North Church Street		Street Address 105 Ryerson Road		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm James A Gullardi		Phone Number 856-840-8800	Telephone Number (973)696-8868	License Number 00376
Scheduled Start Date (10) 01/24/2020	Sched. Completion Date (11) 01/25/2020	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure		
Location of asbestos-containing material to be abated in facility (13) 2nd floor stairwell		Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM) ceiling plaster Amount (Specify SF or LF) 16 sf

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/06/2020	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/24/2020

B & G proj. #: 2020-22

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

*** EMERGENCY ***

Check #9855

Date of Notification (1) 10/11/2019		Name of Building Owner/Operator (2) Newark Public Schools	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07106	
Name of Contact Paulinus Egu		Telephone Number 973-733-7355	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Benjamin Franklin School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 42 Park Avenue			Square Feet # of Floors Bldg. Age		
City (5) Newark, NJ 07104	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church Street		Street Address 105 Ryerson Road			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm James A Guilardi		Phone Number 856-840-8800	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/24/2020		Sched. Completion Date (11) 01/25/2020		Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

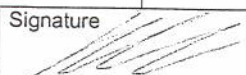
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2nd floor stairwell		<input checked="" type="checkbox"/>		ceiling plaster	16 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/06/2020	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/24/2020

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

Inv# 17688
CK 4150 PAID

Ch # 4150

Date of Notification (1) 1 / 27 / 20		Name of Building Owner/Operator (2) SRI International		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JAN 30 2020 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Road							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Ed Compta		Telephone Number 609-734-2010					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI International				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 201 Washington Road									
City (5) Princeton				Square Feet 100,000	# of Floors 2				
				Bldg. Age 55					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) long term care facility					
Name of Monitoring Firm Hired by Building Owner (8) EA Consulting		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co. Inc.					
Street Address 504 Mullica Hill Road				Street Address 923 Haws Ave					
City, State, Zip Code Mullica Hill, NJ 08062				City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Dave Costa		Telephone No. 856-803-0839		Telephone No. 610-239-9920	License No. 0398				
Start Date (10) 2 / 11 / 20		Scheduled Completion Date (11) 2 / 21 / 20		Name of OSHA Monitor Plymouth Environmental Co. 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-3:30PM/____PM-____AM				Street Address 923 Haws Ave					
				City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
room W237	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	690SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room W237	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe fittings	34LF	<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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill				
City, State Freehold				Disposal Date 9/28/18	City, State Morrisville, PA				
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 		Date 1/27/2020			

CK# 4982

Inv# 17689

RECEIVED

PAID

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

JAN 30 2020

Date of Notification (1) 1-24-20		Name of Building Owner/Operator (2) MASE ENTERPRISES					
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 552 LEEDS RD					
		City, State, Zip Code ABSECON N.J. 08201					
		Name of Contact ANDY	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) BRIGANTINE		Square Feet 1500	# of Floors 2				
County (6) ATLANTIC		Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEWCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. # 01371				
Start Date (10) 2-4-20	Scheduled Completion Date (11) 2-11-20	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> 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
SIDING		X	TRANSITE	3000 SF	X		
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill ACUA			
City, State MAPLE SHADE N.J.		Disposal Date		City, State PLEASANTVILLE N.J.			
Completed By MICHAEL KLEWCO		Title PRES	Signature [Signature]		Date 1-24-20		

CH #4982

Inv#17690

JAN 30 2020

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

PAID

Date of Notification (1) 1-24-20		Name of Building Owner/Operator (2) REUTER CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 459 N. BEECHAM RD City, State, Zip Code WILLIAMSTOWN N.J. 08094 Name of Contact: TON Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) OCEAN CITY		# of Floors 2	
County (6) CAPE MAY		Bldg Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEWCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 2-3-20		License No. #01371	
Scheduled Completion Date (11) 2-10-20		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
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		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
SIDING	X	TRANSITE	1750 SF
Name of Registered Waste Hauler KLEWCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C.M.C. MUA
City, State MAPLE SHADE N.J.	Disposal Date	City, State WOODBINE N.J.	
Completed By MICHAEL KLEWCO	Title PRES	Signature [Signature]	Date 1-24-20

CK 44982

Inv # 117691

RECEIVED

PAID

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

JAN 30 2020

Date of Notification (1) <u>1-24-20</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u> City, State, Zip Code <u>BRIGANTINE N.J. 08203</u> Name of Contact <u>BOB</u> Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1000</u> # of Floors <u>2</u> Bldg Age <u>50+</u>						
City (5) <u>BRIGANTINE</u>		Current Use (Prior if being demolished) _____						
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE</u>						
Street Address _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
City, State, Zip Code _____		Telephone No. <u>856-779-0422</u> License No. <u>201371</u>						
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0422</u>						
Start Date (10) <u>2-3-20</u>	Scheduled Completion Date (11) <u>2-10-20</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code _____						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1750 SF</u>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	X		<u>TRANSITE</u>		X			
_____			_____					
_____			_____					
_____			_____					
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>ACUA</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>PLEASANTVILLE</u>				
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>	Signature <u>MICHAEL KLEMM</u>		Date <u>1-24-20</u>			