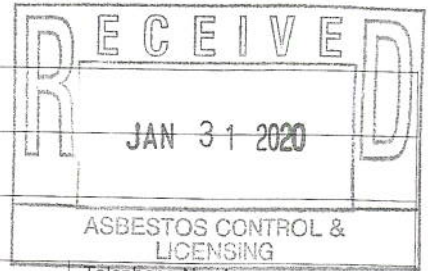


Inv 17722

# PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

26234325055



Date of Notification (1) <b>January 27, 2020</b>		Name of Building Owner/Operator (2) <b>Centerpoint Rutherford, LLC</b>						
Agencies Notified		Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>1808 Swift Drive</b> City, State, Zip Code <b>Oak Brook, IL 60523</b>						
Type Notification		Name of Contact						
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Project Manager</b> Telephone Number <b>201-336-0477</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>49 Rutherford St</b> Street Address <b>91-127 Rutherford St</b> City (5) <b>Newark</b> County (6) <b>Essex</b>		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      # of Floors      Bldg. Age County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>empty</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b> Street Address <b>28 North Pennell Road</b> City, State, Zip Code <b>Media, PA 19063</b>		Name of Abatement Contractor (9) <b>Super, LLC</b> Street Address <b>203 Belmont Ave.</b> City, State, Zip Code <b>Haledon, NJ 07508</b>						
Project Manager for Monitoring Firm <b>Ron Khachadourian</b>		Telephone No. <b>(800) 969-6AET</b> Telephone No. <b>(201) 673-5392</b> License No. <b>01195</b>						
Start Date (10) <b>2/11/20</b>		Scheduled Completion Date (11) <b>12/31/20</b> Name of OSHA Monitor <b>Super, LLC</b>						
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: _____		<b>203 Belmont Ave.</b> City, State, Zip Code <b>Haledon, NJ 07508</b>						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
See attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Super, LLC</b> City, State <b>Haledon, NJ</b>		NJ DEP Waste Hauler ID No. <b>WH16329</b>		Cubic Yards of Waste <b>TBD</b>		Name of Registered Landfill <b>Fairless Landfill</b> City, State <b>Morrisville, PA 19067</b>		
Completed by <b>Tailor Dominguez</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/27/20</b>		

## Boiler Room

- Approximately 200 square feet of tank insulation associated with Tank 1.
- Approximately 40 linear feet of end cap mastic associated with the water Tank.
- Approximately 800 linear feet of window glazing throughout.
- Approximately 20 linear feet of caulking within the Parts Storage area.

## Main Production - 2nd Floor

- Approximately 20 linear feet of gasketing associated with AFG29.
- Approximately 720 linear feet of vertical pipe insulation throughout.
- Approximately 340 linear feet of horizontal pipe insulation throughout.

## Main Production - 3rd Floor

- Approximately 100 linear feet of tar cover associated with elbow insulation throughout.
- Approximately 100 linear feet of tar cover associated with valve insulation throughout.
- Approximately 3 linear feet of gasketing associated with LM36.
- Approximately 800 square feet tar associated with vessel insulation from Tank 53.

## Exterior Tank Field

- Approximately 160 linear feet of tar cover associated with elbow insulation throughout the Tank Field.

- Approximately 160 linear feet of tar mastic associated with valve insulation throughout the Tank Field.

## Building 4

- Approximately 72 linear feet of elbow insulation throughout.
- Approximately 2,200 square feet of roof panels within the Electrical Room.

## Office Building

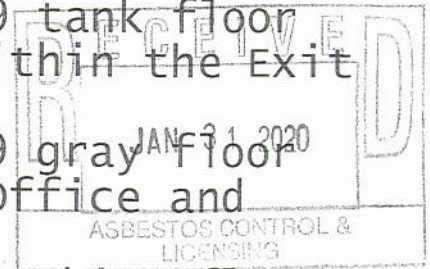
- Approximately 800 square feet of mastic associated with non-asbestos 12x12 white with Tan Speck Floor tile within the hallway outside the Guard Room.



- Approximately 800 square feet of 9x9 tank floor tile within the hallway outside the Guard Room.
- Approximately 800 square feet of 9x9 tank floor tile and associated mastic adhesive within the Exit Hallway.
- Approximately 800 square feet of 9x9 gray floor tile within the Locker Room, Outside Office and Hallway.
- Approximately 800 square feet of 9x9 white floor tile and associated mastic within the Driver Room.
- Approximately 120 linear feet of elbow insulation within the Electrical Room & Above Solid Ceiling.
- Approximately 25 linear feet of window glazing within the Rear Storage Area.

#### Transfer Station

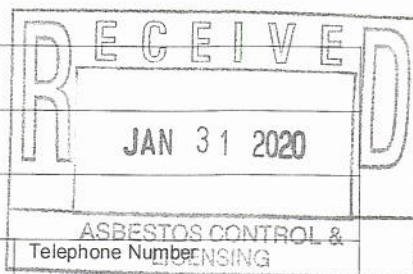
- Approximately 30 linear feet of window glazing throughout.
  - Approximately 650 square feet of transite panels associated with the Former Conveyor Belt.
- Exteriors Throughout 91-127 Rutherford St
- Approximately 80 windows with window glazing associated with each structure.
  - Approximately 22,500 SF of built up roofing material and associated transite panels associated with Office Building and Buildings 4, 3 & 3A at the 91-127 Rutherford St. Note: Roofing materials were presumed to be asbestos containing (PACM)



Inv 17723

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:20)

26234325044

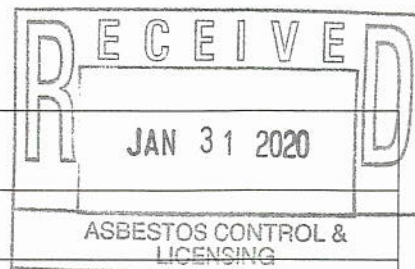


Date of Notification (1) <b>January 27, 2020</b>		Name of Building Owner/Operator (2) <b>Centerpoint Rutherford, LLC</b>							
Agencies Notified	Type Notification	Street Address <b>1808 Swift Drive</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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 <b>Oak Brook, IL 60523</b>							
		Name of Contact <b>Project Manager</b>							
		Telephone Number <b>201-336-0477</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>49 Rutherford St</b> Street Address <b>17-89 Rutherford St</b> City (5) <b>Newark</b> County (6) <b>Essex</b>		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 _____ # of Floors _____ Bldg. Age _____ County Code (7) _____ (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>empty</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b> Street Address <b>28 North Pennell Road</b> City, State, Zip Code <b>Media, PA 19063</b>		Name of Abatement Contractor (9) <b>Super, LLC</b> Street Address <b>203 Belmont Ave.</b> City, State, Zip Code <b>Haledon, NJ 07508</b> Telephone No. _____ License No. _____ <b>(800) 969-6AET (201) 673-5392 01195</b>							
Project Manager for Monitoring Firm <b>Ron Khachadourian</b>		Telephone No. _____							
Start Date (10) <b>2/11/20</b>	Scheduled Completion Date (11) <b>12/31/20</b>	Name of OSHA Monitor <b>Super, LLC</b> Street Address <b>203 Belmont Ave.</b> City, State, Zip Code <b>Haledon, NJ 07508</b>							
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: _____									
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 9	<input checked="" type="checkbox"/>			roofing	18,500 s/f	<input checked="" type="checkbox"/>			
Bld 9a	<input checked="" type="checkbox"/>			"-	4,000 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Super, LLC</b> City, State <b>Haledon, NJ</b>		NJ DEP Waste Hauler ID No. <b>WH16329</b>	Cubic Yards of Waste <b>225</b>	Name of Registered Landfill <b>Fairless Landfill</b> City, State <b>Morrisville, PA 19067</b>					
Completed by <b>Tailor Dominguez</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/27/20</b>			



NOCK

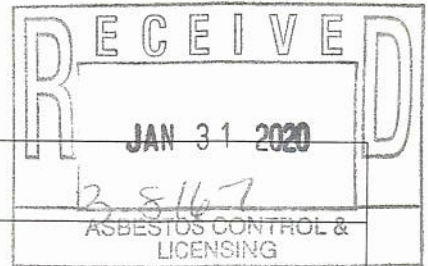
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>01</u> / <u>27</u> / <u>20</u>		Name of Building Owner/Operator (2) <b>Aubry Young</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Westville, NJ 08093</b>	
		Name of Contact <b>Aubry Young</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Young Residence</b>		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 <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) <b>Westville</b>		Square Feet <b>1,426</b>	# of Floors <b>2</b>
		Bldg. Age <b>71</b>	
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		Street Address <b>623 Cutler Avenue</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b>
Start Date (10) <u>02</u> / <u>03</u> / <u>20</u>		License No. <b>00842</b>	
Scheduled Completion Date (11) <u>02</u> / <u>04</u> / <u>20</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
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"/> 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)
	Yes	No	
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>
City, State <b>Freehold, NJ</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
Disposal Date <b>02/04/2020</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Fay</b>	Title <b>Vice President of Operations</b>	Signature 	Date <b>1/27/2020</b>

CK 38167  
Inv 17118

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



Date of Notification (1) 01 / 28 / 20		Name of Building Owner/Operator (2) Abatare Builders	
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 92 Mantoloking Road City, State, Zip Code Brick, NJ 08723 Name of Contact Kerry Betz 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1600	
City (5) Brick		# of Floors 1	Bldg. Age 80
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 02 / 10 / 20	Scheduled Completion Date (11) 02 / 11 / 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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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	1600 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"/>

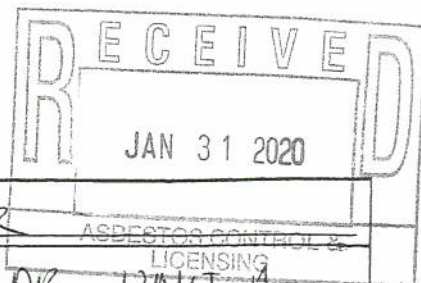
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 02/11/20	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fericola	Title Project Manager	Signature 	Date 1/28/20		



CK # 4984

INV-17715

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



Date of Notification (1) <b>1-25-20</b>		Name of Building Owner/Operator (2) <b>D. L. MINER</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>11 CLERMONT DR. UNIT A</b>					
		City, State, Zip Code <b>CAPE MAY COURT HOUSE N.J. 08210</b>					
		Name of Contact	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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) <b>AVALON</b>	County Code (7) (STATE USE ONLY) <b>08202</b>	Square Feet <b>1500</b>	# of Floors <b>1</b>				
County (6) <b>CAPE MAY</b>	Current Use (Prior if being demolished) <b>VACANT</b>	Bldg. Age <b>50+</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEWCO INC</b>					
Street Address		Street Address <b>369 S. SPROUE AVE</b>					
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>					
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>				
Start Date (10) <b>2-4-20</b>	Scheduled Completion Date (11) <b>2-11-20</b>	Name of OSHA Monitor <b>N/A</b>					
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY (13)</b>	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) <b>2250 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>2250 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17909</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>C. M. C. M. U. A</b>			
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE</b>				
Completed By <b>MICHAEL KLEWCO</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>	Date <b>1-25-20</b>				



CK# 4984

JAN 17 114

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

**RECEIVED**  
 JAN 31 2020

Date of Notification (1) <b>1-25-20</b>		Name of Building Owner/Operator (2) <b>JOHN BALL</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 <b>LITTLE EGG HARBOR TWP</b> Name of Contact <b>JOHN</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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] <b>08052</b>		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <b>LITTLE EGG HARBOR TWP</b>		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____					
County (6) <b>ATLANTIC</b>		Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Street Address <b>369 S SPRUCE AVE</b>					
Street Address _____		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
City, State, Zip Code _____		Telephone No. <b>856-779-0472</b>					
Project Manager for Monitoring Firm _____ Telephone No. _____		License No. <b>01371</b>					
Start Date (10) <b>2-5-20</b>		Scheduled Completion Date (11) <b>2-12-20</b>					
Name of OSHA Monitor <b>N/A</b>		Street Address _____					
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: _____		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>1000 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>ACUA</b>			
City, State <b>MAPLE SHADE N.J 08053</b>		Disposal Date _____	City, State <b>PLEASANTVILLE NJ</b>				
Completed By <b>MIKE KLEMM</b>		Title <b>PRESIDENT</b>	Signature <b>Mike Klemm</b>	Date <b>1-25-20</b>			



CK # 4984  
Inv-1713

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:20)

RECEIVED	JAN 31 2020
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>1-25-20</u>		Name of Building Owner/Operator (2) <u>JOHN BALL</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code <u>LITTLE EGG HARBOR TWP</u>					
Name of Contact <u>JOHN</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] <u>08087</u>		Square Feet					
City (5) <u>LITTLE EGG HARBOR TWP</u>		# of Floors					
County (6) <u>ATLANTIC</u>		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Name of Abatement Contractor (9) <u>KLEMCO INC.</u>		Street Address <u>369 S SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>					
Telephone No.		License No. <u>01371</u>					
Start Date (10) <u>2-5-20</u>		Scheduled Completion Date (11) <u>2-12-20</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:		Name of OSHA Monitor <u>N/A</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code					
<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) 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>600 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>AGUA</u>				
City, State <u>MAPLE SHADE N.J 08053</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J</u>				
Completed By <u>MIKE KLEMM</u>	Title <u>PRESIDENT</u>	Signature <u>Mike Klemm</u>	Date <u>1-25-20</u>				



Inv-17658  
OK 3537

State of New Jersey  
**PAID**  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

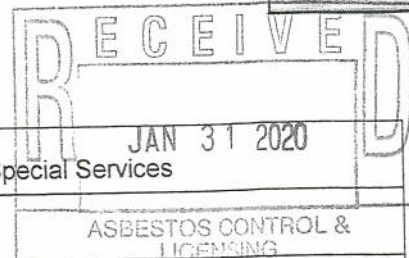
Print Form

**RECEIVED**  
JAN 31 2020  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/28/2020		Check #2537		Name of Building Owner/Operator (2) Our Lady of Mt. Virgin					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Madonna Pl City, State, Zip Code Garfield, NJ, 07026 Name of Contact Peter Pirog Telephone Number 973-253-0002					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science Charter School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 30 Madonna Pl				Square Feet 3,000+					
City (5) Garfield				# of Floors 2					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 02/08/20		Scheduled Completion Date (11) 02/10/20		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 checked="" type="checkbox"/> Other - Describe: 9am				Street Address N/A City, State, Zip Code N/A					
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) 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
Boiler Room			X	ACM Pipes & Elbows	3 LF		X		
Name of Registered Waste Hauler EA Services		NJDEP Waste Hauler ID No. 010278		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Guttenberg, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 01/28/20			



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



CH 2255

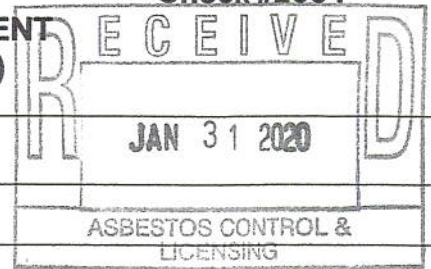
Date of Notification (1) 1/27/20		Name of Building Owner/Operator (2) Bergen County Technical Schools & Special Services							
Agencies Notified		Street Address 327 East Ridgewood Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code Paramus NJ 07652		Telephone Number 201-3436000							
Name of Contact Thomas Jodice									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wood-Ridge Transition Center		Type of Facility (4)							
Street Address 304 Valley Blvd		<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) Wood-Ridge		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Special Services							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		Name of Abatement Contractor (9) DYV Enterprises LLC							
Street Address 1253 Church st		Street Address 28 Lisa Ln							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 2/14/20	Scheduled Completion Date (11) 2/17/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
2nd floor Anne's office			x	9x9 floor tile & mastic	196 SF	x			
2nd floor conference room			x	9x9 floor tile & mastic	160 SF	x			
2nd floor hallway			x	12x12 floor tile & Mastic	130 SF	x			
2nd to first floor stairwell			x	12x12 floor tile & Mastic	120 SF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140		Cubic Yards of Waste 15 cy	Name of Registered Landfill Newark Carting				
City, State Lincoln Park NJ		Disposal Date 2/25/20		City, State Newark NJ 07105					
Completed by Yanet Carpio		Title Manager		Signature <i>Yanet Carpio</i>		Date 1/27/20			



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

**Check #2601**

*NO CK*



Date of Notification (1) <b>01/28/2020</b>		Name of Building Owner / Operator (2) <b>Schneider Electric</b>	
Agencies Notified	Type Notification	Street Address <b>70 Mechanic Street</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Foxboro MA 02035</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Paul Aheam</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>508 549 4949</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Bldg</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>90 US 130 South</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Bordentown</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Burlington</b>	County Code (7)		Square Feet <b>5040</b>	# of Floors <b>1</b>	Bldg. Age <b>+50</b>
Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) <b>Alpha Environmental LLC</b>		
Street Address			Street Address <b>P O Box 8297</b>		
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ 08650</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>
Scheduled Start Date (10) <b>01/27/2020</b>		Scheduled Completion Date (11) <b>02/07/2020</b>		Name of OSHA Monitor <b>Briggs Associates</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>3 Crosswicks Street</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code <b>Bordentown NJ 08505</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm					
Describe:					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

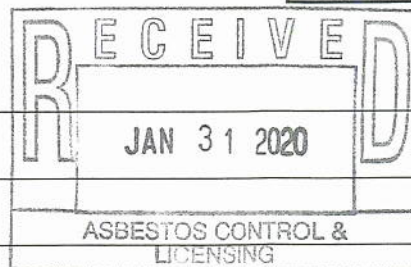
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing</b>	<b>5040sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Woolston</b>	NJDEP Waste Hauler ID No. <b>07516</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Bordentown, NJ</b>		Disposal Date <b>Various</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>
			Date <b>01/28/2020</b>



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



Date of Notification (1) 01/24/2020		Name of Building Owner/Operator (2) COUNTY OF CAMDEN						
Agencies Notified	Type Notification	Street Address 520 MARKET STREET						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08102						
		Name of Contact KEVIN FITZSIMONS	Telephone Number 856-374-5188					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) BUILDING 400		Type of Facility (4)						
Street Address 2600 MOUNT EPHRAIM AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) CAMDEN		Square Feet	# of Floors					
County (6) CAMDEN		Bldg. Age						
County Code (7) CAMDEN		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) PENNONI		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 515 GROVE STREET, SUITE 1B		Street Address 11 VREELAND AVENUE						
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm ALAN LLOYD		Telephone No. 856-656-2875	License No. 00494					
Start Date (10) 01/21/2020	Scheduled Completion Date (11) 03/06/2020	Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30 PM		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 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
SEE ATTACHED								
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50+/-	Name of Registered Landfill WASTE MANAGEMENT (GROWS)				
City, State TOTOWA, NJ 07512		Disposal Date 03/06/2020		City, State MORRISVILLE, PA				
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature 		Date 01/24/2020		



01/27/2020 10:29AM 9736381778

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Check#3545 3545

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 9:80 and 9:18)

RECEIVED  
JAN 31 2020  
PAGE 03/04  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01 / 27 / 20		Name of Building Owner/Operator (2) Ronald M. Califfe	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED] City, State, Zip Code Wayne, NJ 07470	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Ronald M. Califfe	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City, State, Zip Code Wayne, NJ 07470			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
County (6) Passaic			Square Feet		
County Code (7) (STATE USE ONLY)			# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (5) ASCM No.		Name of Abatement Contractor (8) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		576 Valley Rd #283 City, State, Zip Code	
Project Manager for Monitoring Firm		Wayne, NJ 07470	
Telephone No.		Telephone No.	
973-356-3511		License No.	
Start Date (10) 01 / 28 / 20		01127	
Scheduled Completion Date (11) 01 / 29 / 20		Name of OSHA Monitor	
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		Envirovision Consultants, Inc.	
		Street Address	
		20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code	
		Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure	
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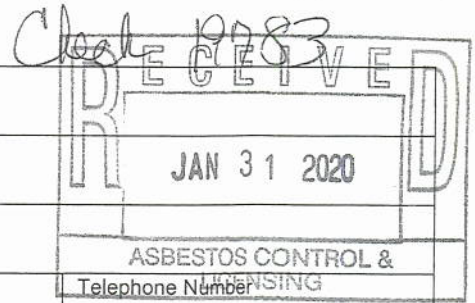
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0093785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jervic		Title Owner		Signature [Signature]		Date 01/27/20	



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

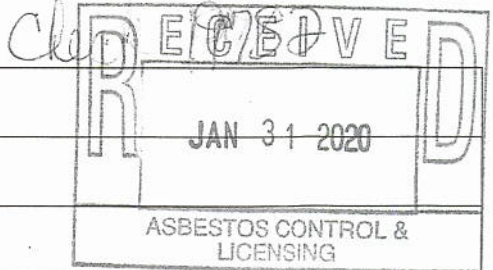
CK 19783



Date of Notification (1) 1/28/20		Name of Building Owner/Operator (2) Lisa Bolasco							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Guttenberg NJ 07035							
Name of Contact Lisa Bolasco		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Unit 31C		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 3000	# of Floors 1						
City (5) Guttenberg		Bldg. Age 56							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/4/20	Scheduled Completion Date (11) 2/18/20	Name of OSHA Monitor							
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 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
foyer, great room, file room, hall, living			x	flooring	1,180 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 1/28/20		

CK 19182

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

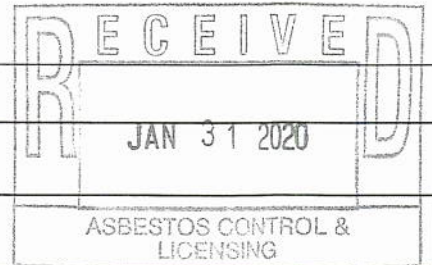


Date of Notification (1) 1/28/20 <b>Inv 176605</b>		Name of Building Owner/Operator (2) Bruna Gomez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union NJ 07083							
		Name of Contact Bruna	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) Springfield		Bldg. Age 86							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/30/20	Scheduled Completion Date (11) 2/10/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>crawl space</u>		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			x	pipe insulation	75 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 1/28/20		



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

CL 6553 INVIT 132



Date of Notification (1) 01/27/2020		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 # 2 ( ) 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 3001 Woodbridge Ave.		Square Feet	# of Floors
City (5) Edison, NJ 08837		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) 1/28/2020	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 ( ) ≥ 160 sf or ≥ 260 lf ( ) Renovation ( ) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glove bag 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) (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 01/27/2020			



Inv 17731  
Ch 120910

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

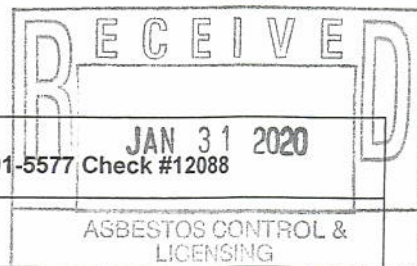
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JAN 31 2020	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1 / 28 / 20		Name of Building Owner/Operator (2) PSE&G / Job #2001-5579 Check #12090							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Giorbis Bermudez Telephone Number 732-289-4183							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Clay Street Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 123 Clay Street		Square Feet # of Floors Bldg. Age							
City (5) Newark		County Code (7) (STATE USE ONLY)							
County (6) Essex		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 26 Columbia Turnpike Second Floor		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-585-9040	License No. 00529						
Start Date (10) 1 / 29 / 20	Scheduled Completion Date (11) 1 / 31 / 20	Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Bank	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES Technical Solution LLC		NJDEP Waste Hauler ID No. NJD0806313	Cubic Yards of Waste 2	Name of Registered Landfill EQ Wayne Disposal					
City, State Flanders, NJ		Disposal Date 1/31/20		City, State Belleville, MI					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1-28-20			



Inv-17638  
Ch 12088

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



Date of Notification (1) 1 / 23 / 20		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #2001-5577 Check #12088	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact Matt Turner Telephone Number 215-221-9335	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		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 20 Mulford Avenue		Square Feet	
City (5) East Hanover		# of Floors	
County (6) Morris		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	
Street Address		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm		City, State, Zip Code Lumberton, NJ 08048	
Telephone No.		Telephone No. 609-265-2107	
Start Date (10) 1 / 24 / 20		License No. 00529	
Scheduled Completion Date (11) 1 / 24 / 20		Name of OSHA Monitor EMSL Analytical	
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 Time of Abatement: ____AM-____PM/12PM-____AM		Street Address 200 Route 130 North	
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		City, State, Zip Code Cinnaminson, NJ 08077	

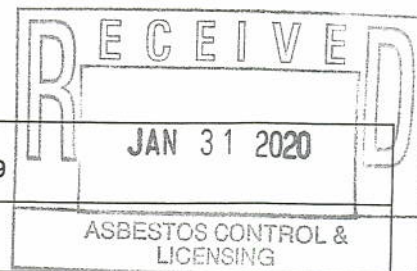
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Utility Pole#JC569EHT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 1/24/20		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 		Date 1-23-20	



Inv-17130  
CK 12089

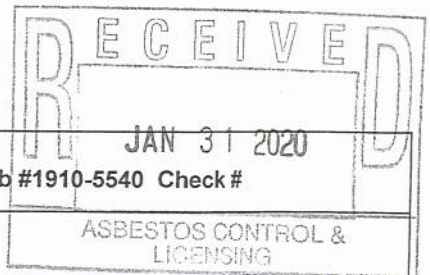
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>1</u> / <u>24</u> / <u>20</u>		Name of Building Owner/Operator (2) PSE&G / Job #2001-5578 Check #12089							
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 <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Katrina Lautz</b> Telephone Number <b>973-303-3582</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Greenville Substation</b>		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 <b>45 Garfield Avenue</b>		Square Feet	# of Floors						
City (5) <b>Jersey City</b>		Bldg. Age							
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Control Room</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World Engineering</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>26 Columbia Turnpike Second Floor</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Florham Park, NJ 07932</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Gavin Gilmore</b>	Telephone No. <b>973-585-9040</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>2</u> / <u>6</u> / <u>20</u>	Scheduled Completion Date (11) <u>4</u> / <u>21</u> / <u>20</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control Room Closets (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arc Tape	24 LF total	<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 <b>Veolia ES Technical Solution LLC</b>		NJDEP Waste Hauler ID No. <b>NJD0806313</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>EQ Wayne Disposal</b>				
City, State <b>Flanders, NJ</b>		Disposal Date <b>4/21/20</b>		City, State <b>Belleville, MI</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-24-20</b>			



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



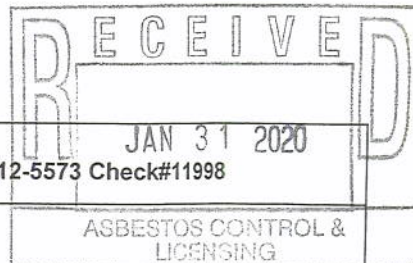
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Date of Notification (1) <u>1</u> / <u>22</u> / <u>20</u>		Name of Building Owner/Operator (2) Port Authority of NY & NJ/ BMW / Job #1910-5540 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 Colony Road</b> City, State, Zip Code <b>Jersey City, NJ</b>							
		Name of Contact <b>John Scott</b>	Telephone Number <b>201-744-9200 ext. 247</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BMW Site</b>		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 <b>20 Colony Road</b>									
City (5) <b>Jersey City</b>		Square Feet	# of Floors						
County (6) <b>Hudson</b>		County Code (7)(STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm		Telephone No.	License No. <b>00529</b>						
Start Date (10) <u>10</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>3</u> / <u>1</u> / <u>20</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <u>3/1/20</u>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-22-20</b>			



Inv-17375  
CK11998

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

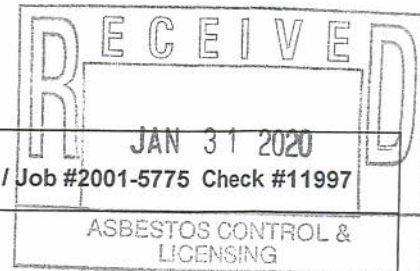


Date of Notification (1) 1 / 14 / 20		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1912-5573 Check#11998							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Kristen Bell Telephone Number 732-937-8701							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		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 One Robert Wood Johnson Place		Square Feet							
City (5) New Brunswick		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.							
Street Address 280 Huyler Street		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code South Hackensack, NJ 07606		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Geiser Fajardo		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 201-489-8700		Telephone No. 609-265-2107							
Start Date (10) 1 / 13 / 20		License No. 00529							
Scheduled Completion Date (11) 1 / 20 / 20		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
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
Locker Area Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	395 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58-Bldg. G Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 1/20/20		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1/14/20			



INV-17267  
CH11997

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

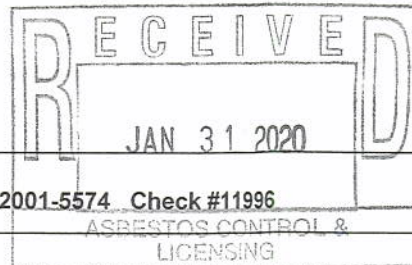


Date of Notification (1) 1 / 9 / 20		Name of Building Owner/Operator (2) State of NJ Department of Corrections / Job #2001-5775 Check #11997							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Whittlesey Road</b>							
		City, State, Zip Code <b>Trenton, NJ 08625</b>							
		Name of Contact <b>James Hamilton</b>	Telephone Number <b>856-785-0040 Ext.5134</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bayside State Prison</b>		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 <b>4293 Route 47</b>		Square Feet	# of Floors						
City (5) <b>Leesburg</b>		Bldg. Age							
County (6) <b>Cumberland</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Nora Pearse</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00529</b>						
Start Date (10) 1 / 13 / 20	Scheduled Completion Date (11) 1 / 14 / 20	Name of OSHA Monitor <b>EMSL Analytical</b>							
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 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment 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
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4" Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 1/2" Pipe Insulation	10 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/14/20</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>1-9-20</b>		



Inv-17188  
CK 11996

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



Date of Notification (1) <div style="text-align: center;">1 / 7 / 20</div>			Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #2001-5574 Check #11996</b>						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>John Greco</b>					
				Telephone Number <b>201-602-1499</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L Sandy Hook Substation- Switch/Fuse Cabinet</b>				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 <b>Rt. 36/Hartshorne Drive</b>									
City (5) <b>Highlands, NJ</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>One Source Safety &amp; Health</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>Street Address</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <div style="text-align: center;">1 / 9 / 20</div>		Scheduled Completion Date (11) <div style="text-align: center;">1 / 15 / 20</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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) <b>TO BE ABATED IN Facility (13)</b>	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
Switch/Fuse Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Asphaltic Material	1,008 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>25G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>1/15/20</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-7-20</b>			



Inv 17129

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

chk # 3671

Date of Notification (1) 1 / 28 / 20		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 31 2020  ASBESTOS CONTROL &amp; REMEDIATION DIVISION </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 E. Montgomery St							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta							
		Telephone Number 412-633-4021							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Barnegat Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1001 West Bay Avenue									
City (5) Barnegat				Square Feet 6500	# of Floors +50				
County (6) Ocean County				County Code (7) (STATE USE ONLY) 08005					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave				Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5870		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 2 / 17 / 20		Scheduled Completion Date (11) 2 / 21 / 20		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stack Insulation	29 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Dampening Cloth	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State Yardley, PA			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro			Title Estimator	Signature Dillan DeCaro/jm			Date 1-28-20		

ASB-41  
JAN 13 DD19008

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



Inv 17128

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

chk # 3669

Date of Notification (1) 1 / 28 / 20		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 31 2020  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 E. Montgomery St City, State, Zip Code Pittsburgh, PA 15212			
		Name of Contact Anthony Porta				Telephone Number 412-633-4021			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon - Manahawkin Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 32 Stafford Ave									
City (5) Manahawkin				Square Feet 6500 # of Floors Bldg. Age +50					
County (6) Ocean County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave				Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365 5810		Telephone No. 215-788-6040 License No. 00509					
Start Date (10) 2 / 12 / 20		Scheduled Completion Date (11) 2 / 18 / 20		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:00 AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stack Insulation	29 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Dampening Cloth	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State Yardley PA				Disposal Date		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / Jm		Date 1-28-20			

ASB-41  
JAN 13 DD19009

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



INV-17650

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

Check # 2  
3670

Date of Notification (1) 12 / 2 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-1/22/20 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 31 2020  DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; LICENSING </div>
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	
		Telephone Number 609-258-1841	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University-New Residential College		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 Elm Drive & South Drive		Square Feet	# of Floors
City (5) Princeton		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office/Classrooms	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 1253 North Church Road		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 1 / 23 / 20	Scheduled Completion Date (11) 2 / 21 / 20	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM/ PM- AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Pipe Insulation-Wrap & Cut	1000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

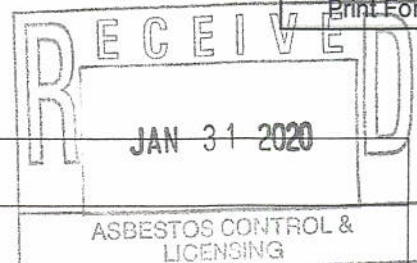
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL
City, State BRISTOL, PA 19007	Disposal Date	City, State FAIRLESS HILLS, PA	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / gk	Date 1-22-20

ASB-41  
MAY 11 13519157

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



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



Date of Notification (1) 1/26/2020		Name of Building Owner/Operator (2) Sal Zuccaro		Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING			
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		City, State, Zip Code Saddle Brook, NJ 07663		Telephone Number			
Name of Facility Where Abatement is Taking Place (3) Sal Zuccaro's private 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 (i.e. private & commercial buildings, homes, etc.)		Street Address [REDACTED]					
City (5) Saddle Brook, NJ 07663		Square Feet		# of Floors		Bldg. Age			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) MKD Property Maintenance, LLC					
Street Address				Street Address 105 Van Riper Ave					
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-899-9008		License No. 01336			
Start Date (10) 2/10/2020		Scheduled Completion Date (11) 3/1/2020		Name of OSHA Monitor					
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 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 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
Exterior		x		transite siding material	1640	x			
Basement		x		pipe wrap insulation	44 lf	x			
1st floor		x		pipe wrap insulation	44lf	x			
Name of Registered Waste Hauler MKD Property Maintenance, LLC		NJDEP Waste Hauler ID No. 0037991		Cubic Yards of Waste n/a	Name of Registered Landfill Fairless Landfill				
City, State Clifton, NJ 07011				Disposal Date n/a	City, State Morrisville, PA 19067				
Completed by Darko Raloski		Title Owner		Signature 		Date 1/26/2020			



Inv 17726

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

Check # 26066

Date of Notification (1) 1/30/2020		Name of Building Owner/Operator (2) Galluppi		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 31 2020  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Bridgewater, NJ 08807			
						Name of Contact Michael Galluppi			
<b>FACILITY INFORMATION</b>									
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) Bridgewater, NJ 08807				Square Feet 2400	# of Floors 1				
County (6) Somerset		County Code (7) (STATE USE ONLY)		Bldg. Age 60 +/-					
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 Crosswicks, NJ 08515				City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Start Date (10) 2/10/2020		Scheduled Completion Date (11) 2/12/2020		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) <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
Kitchen		X		VAT/Mastic	144 sf	X			
Foyer		X		Mastic	65 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 2/12/2020	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 1/30/2020			