

CK 15230
IN ADDITION TO NOTICE DATED 6/19/19

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

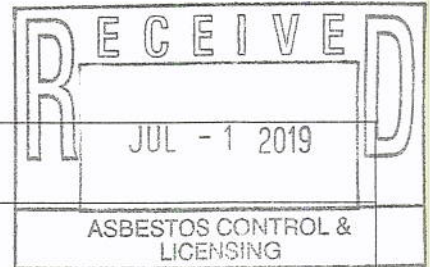
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FAXED

Date of Notification (1) JUNE 20, 2019		Name of Building Owner/Operator (2) BRIAN MATANO							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION, NJ 07083 Name of Contact GUY ABRAHAMSON							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRIAN MATANO PROPERTY		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) RIDGEWOOD		Square Feet 4,346	# of Floors 2						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 1930						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No.	License No.						
Start Date (10) 6/26/19		Scheduled Completion Date (11) 6/30/19	Name of OSHA Monitor N/A						
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"/> Renovation <input checked="" 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
BASEMENT			X	TSI	20LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste .5 CY	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 6/28/19	City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature <i>Joseph P. Miller</i>			Date 6/20/19			

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



Date of Notification (1) 10 / 30 / 18		Name of Building Owner/Operator (2) Verizon Communications	
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 checked="" type="checkbox"/> Amended Amendment # 2-6/26/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta	
		Telephone Number 412-633-4021	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Swedesboro C.O.		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 2nd and Broad Street			
City (5) Swedesboro	Square Feet 5,398	# of Floors 2	Bldg. Age +50
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		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) 6 / 28 / 19	Scheduled Completion Date (11) 6 / 29 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

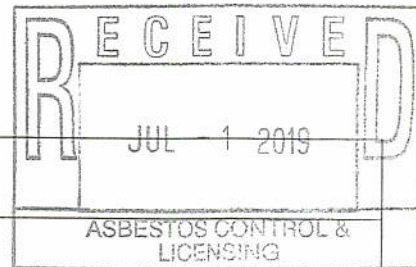
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	45 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"/>

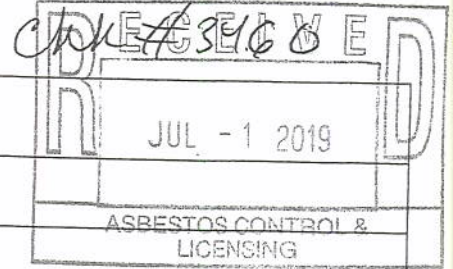
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 6-26-19		

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



Date of Notification (1) 10 / 30 / 18		Name of Building Owner/Operator (2) Verizon Swedesboro C.O.	
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 # 1-11/15/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2nd & Broad Street	
		City, State, Zip Code Swedesboro, NJ 08085	
		Name of Contact Brian Tilton	Telephone Number 2156404563
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Swedesboro C.O.		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 2nd and Broad Street		Square Feet 5,398	# of Floors 2
City (5) Swedesboro		Bldg. Age +50	
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		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 5870	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 11 / 13 / 18	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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)
	Yes	No	
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 11/15/18

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



Date of Notification (1) 10 / 30 / 18		Name of Building Owner/Operator (2) Verizon Swedesboro C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA 9243 <input checked="" type="checkbox"/> DOLWD 9250 <input checked="" type="checkbox"/> DOH 9205 <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 2nd & Broad Street	
		City, State, Zip Code Swedesboro, NJ 08085	
		Name of Contact Brian Tilton	Telephone Number 2156404563

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Swedesboro C.O.		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 2nd and Broad Street			
City (5) Swedesboro		Square Feet 5,398	# of Floors 2
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Bldg. Age +50
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		Current Use (Prior if being demolished) Verizon	
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5870	Telephone No. 215-788-6040
Start Date (10) 11 / 13 / 18		Scheduled Completion Date (11) 11 / 21 / 18	License No. 00509
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
		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 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
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>		Date 10-30-18	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

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Check No. 1553 JUL - 1 2019	
ASBESTOS CONTROL & LICENSING	

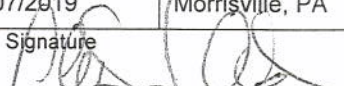
Date of Notification (1) 06/26/2019		Name of Building Owner/Operator (2) Mount Laurel School District	
Agencies Notified	Type Notification	Street Address 330 Mount Laurel Road	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mount Laurel, New Jersey 08054	
		Name of Contact Harry Meeker	Telephone Number 856-231-5886

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hillside Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1370 Hainesport Road		Square Feet 15000	# of Floors 1
City (5) Mount Laurel, New Jersey 08054		Bldg. Age 50+	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address P.O. Box 385		Street Address 246 Union Boulevard	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 609-652-1833	License No. 01104
Start Date (10) 06/24/2019	Scheduled Completion Date (11) 07/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

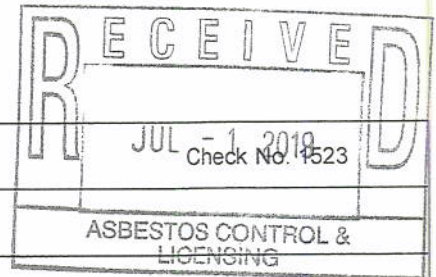
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room A-1, A2, A3		X		Ceiling Plaster & Surfacing Residue	2112	X			
Room 1A, 2A & 3A		X		Glue Dots	384	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 07/07/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President	Signature 		Date 06/26/2019	

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

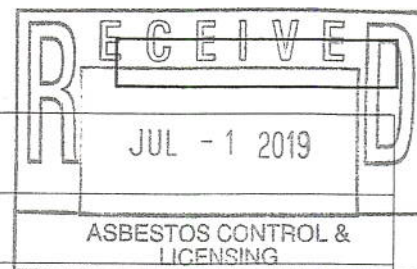


Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Mount Laurel School District							
Agencies Notified	Type Notification	Street Address 330 Mount Laurel Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Mount Laurel, New Jersey 08054							
		Name of Contact Harry Meeker	Telephone Number 856-231-5886						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hillside Elementary 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 1370 Hainesport Road		Square Feet 15000	# of Floors 1						
City (5) Mount Laurel, New Jersey 08054		Bldg. Age 50+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address P.O. Box 385		Street Address 246 Union Boulevard							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 06/24/2019	Scheduled Completion Date (11) 07/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room A-1, A2, A3		X		Ceiling Plaster & Surfacing Residue	2112	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 07/07/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 	Date 06/10/2019				

INV-12301

Check#3380

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



Date of Notification (1) 06 / 27 / 19		Name of Building Owner/Operator (2) Ed Peters	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Totowa, NJ 07512	
Name of Contact Ed Peters		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Totowa, NJ 07512		County Code (7) (STATE USE ONLY)	
County (6) Passaic		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. License No.	
Telephone No.		973-638-1777 01127	
Start Date (10) 07 / 07 / 19		Scheduled Completion Date (11) 07 / 08 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 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 checked="" 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	

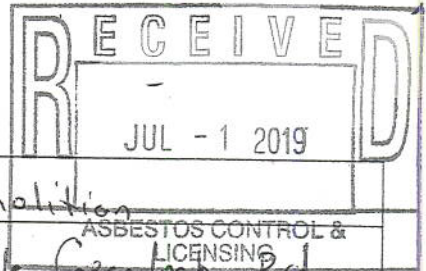
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 06/27/19

Ch 10725

INV-12366

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



Date of Notification (1) 6-28-19		Name of Building Owner/Operator (2) Mark Franchi Demolition	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 348 Hueffville Greenloch Rd	
		City, State, Zip Code Scwell NJ 08080	
		Name of Contact Mark Franchi	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Berlin NJ 08009	Square Feet	# of Floors	Bldg. Age
County (6) Camden	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 7-9-19		License No. 00394	
Scheduled Completion Date (11) 7-12-19		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Walls		X	Siding Shingles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date 7-12-19		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker
		Date 6-28-19	

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INV-12249

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

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/25/19		Name of Building Owner/Operator (2) NEW BRUNSWICK APARTMENT ASSOCIATES	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> SDOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 119 LIVINGSTON AVE City, State, Zip Code NEW BRUNSWICK WAVER APPROVED 06/25	
		Name of Contact MR BILL MURPHY	Telephone Number 201-655-8216
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NEW BRUNSWICK APARTMENT ASSOCIATES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)	
Street Address 119 LIVINGSTON AVE		Square Feet 3400	# of Floors 6
City (5) NEW BRUNSWICK		State 08901	Build. Age 1928
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 6/27/19		Scheduled Completion Date (11) 6/28/19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performing Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 100 sq ft or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, vermiculite, VAT, or other miscellaneous)
	Yes	No	
DA SERVICE		<input checked="" type="checkbox"/>	THERMAL INSULATION
			65 LF
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 yd
City, State Hackensack, N.J. 07601		Disposal Date 6/28/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 6/28/19

A88-41

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

CH 8363

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 INV-12359		Name of Building Owner/Operator (2) Pleasantville Housing Authority						
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 156 North Main Street		City, State, Zip Code Pleasantville, NJ 08232						
Name of Contact Pleasantville Housing Authority		Telephone Number 609-204-3454						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 156 N. Main Street, Unit A106		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 156 N. Main Street, Unit A106		Square Feet	# of Floors					
City (5) Pleasantville		Bldg. Age						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 07/08/19	Scheduled Completion Date (11) 07/11/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
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:		Street Address 6 WHITE DOVE COURT						
		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
INTERIOR				550SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI				
City, State NEWARK, NJ			Disposal Date 07/11/19	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 06/27/19			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 INV-10358		Name of Building Owner/Operator (2) Louise Dewar							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oceanport, NJ 07757 Name of Contact Louise Dewar							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oceanport		Square Feet	# of Floors						
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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 07/15/19	Scheduled Completion Date (11) 07/17/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	100LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 07/17/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 06/27/19		

CH8362

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 INV-12357		Name of Building Owner/Operator (2) Homeshield Solutions LLC							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	585 Prospect Street, Unit 301A							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Homeshield Solutions LLC	Telephone Number 732-226-3000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 343-345 E. 3rd Street		Type of Facility (4)							
Street Address 343-345 E. 3rd Street		<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) Plainfield		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		AAA LEAD PROFESSIONALS							
City, State, Zip Code		6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 07/08/19	Scheduled Completion Date (11) 07/11/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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				FLASHING	100LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 07/11/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 06/27/19			

Ch 8379

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

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ASBESTOS CONTROL & LICENSING		

Date of Notification (1) 06/27/19 <i>inv-12356</i>		Name of Building Owner/Operator (2) Ohr Yisroel Hamilton	
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Ohr Yisroel Hamilton	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Hamilton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 06/28/19	Scheduled Completion Date (11) 06/29/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

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

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

Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 25	Name of Registered Landfill MERCER COUNTY	
City, State LAKEWOOD, NJ		Disposal Date 06/29/19		City, State TRENTON NJ	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 05/06/19

INV-10355

Check#3379

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

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06 / 26 / 19		Name of Building Owner/Operator (2) Kathleen Dermody	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Boonton, NJ 07005	
Name of Contact Kathleen Dermody		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Boonton, NJ 07005		# of Floors	
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 07 / 06 / 19		License No. 01127	
Scheduled Completion Date (11) 07 / 07 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg .# 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		City, State, Zip Code Fair Lawn, NJ 07410	

<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"/> 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	
--	--	---	--	--	--

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 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. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 06/26/19	

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ASBESTOS CONTROL & LICENSING

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

CH 3596

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/4/19 NV-12253		Name of Building Owner / Operator (2) East Amwell Township School District	
Agencies Notified	Type Notification	Street Address 43 Wertsville Road	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-6/25/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Ringoes, NJ 08551	
		Name of Contact Edward Stoloski	Telephone Number 908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Amwell Elementary 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 43 Wertsville Road			Square Feet	# of Floors	Bldg. Age
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 6/26/19	Scheduled Completion Date (11) 7/11/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 3:00 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

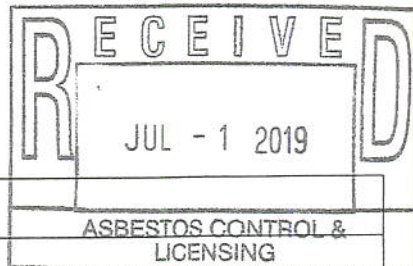
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope/Packing	110 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"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Yardley, PA	Disposal Date 7/9/19	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 6/25/19

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



Date of Notification (1) 6/4/19		Name of Building Owner / Operator (2) East Amwell Township School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification		
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-6/24/10 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 43 Wertsville Road		
	City, State & Zip Code Ringoes, NJ 08551		
		Name of Contact Edward Stoloski	Telephone Number 908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Amwell Elementary 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 43 Wertsville Road			Square Feet # of Floors Bldg. Age		
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11)		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope/Packing	110 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 7/9/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/24/19

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

Check # 3582

Date of Notification (1) 6/4/19		Name of Building Owner / Operator (2) East Amwell Township School District	
Agencies Notified <input type="checkbox"/> EPA <i>5302</i> <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <i>5296</i> <input checked="" type="checkbox"/> DCA <i>5289</i>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 43 Wertsville Road City, State & Zip Code Ringoes, NJ 08551 Name of Contact Edward Stoloski	

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LIC. Telephone Number
908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Amwell Elementary 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 43 Wertsville Road			Square Feet	# of Floors	Bldg. Age
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 6/24/19	Scheduled Completion Date (11) 7/9/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

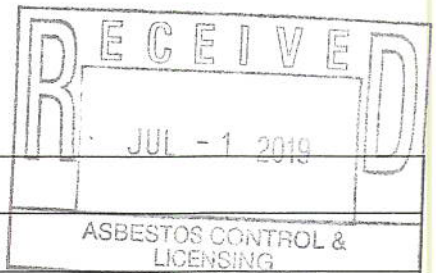
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope/Packing	110 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 7/9/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/4/19

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

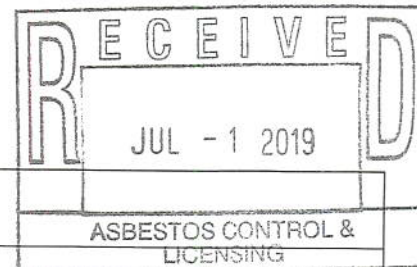


Date of Notification (1) 06/24/19		Name of Building Owner/Operator (2) Kimberly Summit							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Kimberly Summit	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Randolph, NJ 07869		Square Feet 1,225	# of Floors 2						
		Bldg. Age 59							
County (6) Morris	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) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 06/25/18		Scheduled Completion Date (11) 06/29/19							
Name of OSHA Monitor Envirovision Consultants, Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Vermiculite Insulation	1,125 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Zhivko Nikolov		Title President		Signature 			Date 06/24/19		

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



Date of Notification (1) 06 / 25 / 2019		Name of Building Owner/Operator (2) Luis DaCosta							
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 [REDACTED] City, State, Zip Code Mountainside, NJ, 07092 Name of Contact Luis DaCosta Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DaCosta 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 1,950							
City (5) Mountainside		# of Floors 1							
County (6) Union County		Bldg. Age 89							
County Code (7) (STATE USE ONLY) 2010		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Acme Professional Services Corp							
Street Address N/A		Street Address 550 Rifle Camp Rd							
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. 973-938-5266							
Telephone No. N/A		License No. 02003							
Start Date (10) 07 / 05 / 19		Scheduled Completion Date (11) 07 / 10 / 19							
Name of OSHA Monitor Arsenije Adamov		Street Address 550 Rifle Camp Rd							
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		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) 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
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removal of ACM Pipe insulation and fitting	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Cement Board Transit	45 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM joint compound	418	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176		Cubic Yards of Waste 4 cubic yds	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, NJ		Disposal Date		City, State Morrisvilles PA					
Completed By (Print or Type) Arsenije Adamov		Title President		Signature Arsenije Adamov		Date 6/25/2019			

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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:420)

Check # 25908

Date of Notification (1) 6/28/2019		Name of Building Owner/Operator (2) DePascale	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, NJ 08618	
		Name of Contact Andrew DePascale	Telephone Number [REDACTED]

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ewing, NJ 08618		Square Feet 1500	# of Floors 2
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 75 +/-
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493
Start Date (10) 7/8/2019	Scheduled Completion Date (11) 7/12/2019		Name of OSHA Monitor MECS
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341	
<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 Chesterfield, NJ 08515	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

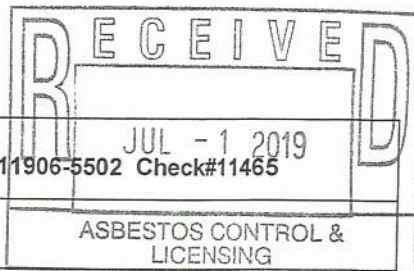
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	175 lf	X			

Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ		Disposal Date 7/15/2019		City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 6/28/2019	

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LICENSING

Date of Notification (1) <u>06</u> / <u>24</u> / <u>2019</u>	Name of Building Owner/Operator (2) New Jersey American Water ASBESTOS CONTROL & LICENSING								
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 3 Railroad Avenue City, State, Zip Code Penns Grove, New Jersey, 08069 Name of Contact Donna M. Slack Telephone Number 856-764-6922									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Storage Facility		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 3 Railroad Avenue		Square Feet 1,058	# of Floors 1						
City (5) Penns Grove		Bldg. Age 50+							
County (6) Salem	County Code (7) (STATE USE ONLY) 1708	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCMS No.	Name of Abatement Contractor (9) Arsenije Adamov/Acme Professional Services Corp							
Street Address N/A		Street Address 550 Rifle Camp Rd							
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ, 07424							
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-938-5266	License No. 02003						
Start Date (10) <u>07</u> / <u>08</u> / <u>2019</u>	Scheduled Completion Date (11) <u>07</u> / <u>15</u> / <u>2019</u>	Name of OSHA Monitor Arsenije Adamov							
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 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ 07424							
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 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	Enclose
1st Floor Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Tile & Mastic	600 FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window Caulk	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Wall Patching	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4 yards	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, NJ		Disposal Date 07/10/2019		City, State Morrisville, PA					
Completed By (Print or Type) Arsenije Adamov		Title President	Signature Arsenije Adamov			Date 6/24/2019			

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



CK 11465

INV-12377

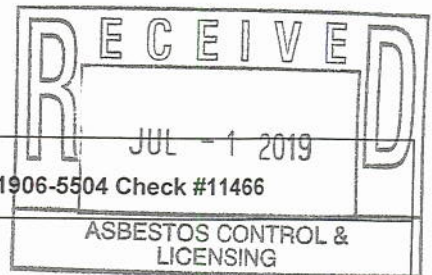
PAID

Date of Notification (1) 6 / 26 / 19		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #11906-5502 Check#11465						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Carl McDonald						
		Telephone Number 908-892-2758						
FACILITY INFORMATION								
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		ASCN 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) 7 / 8 / 19		License No. 00529						
Scheduled Completion Date (11) 7 / 9 / 19		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						
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) 70 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
10th Floor Penthouse Mechanical Rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Sleeves	<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 40		Name of Registered Landfill G.R.O.W.S. Landfill		
City, State Lumberton, NJ		Disposal Date 7/9/19		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature		Date 6.26.19		

Inv-12374

CH114646

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



Date of Notification (1) 6 / 27 / 19		Name of Building Owner/Operator (2) Colts Neck Township Schools / Job # 1906-5504 Check #11466							
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 70 Conover Road City, State, Zip Code Colts Neck, NJ 07722 Name of Contact Vincent Marasco							
		Telephone Number 732-946-0055 ext.4103							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Drive MS		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 and commercial buildings, homes, etc.)							
Street Address 73 Cedar Drive									
City (5) Colts Neck, NJ 07722		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 615 Prospect Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 267-991-9121	License No. 00529						
Start Date (10) 7 / 22 / 19	Scheduled Completion Date (11) 7 / 26 / 19	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 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
See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<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 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/26/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature		Date 6-27-19			



RJB ENVIRONMENTAL, INC.

Technical Specifications
Cedar Drive Middle School, Colts Neck, NJ
May 14, 2019
Page 5

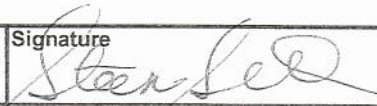
Table 1: Summary of Estimated Quantities of ACM

Location	Base Cove Molding/Adhesive (LF)	Vinyl Asbestos Floor Tile/Mastic (SF)
Room 12	120	850
Room 15	120	850
Room 16	120	850
Room 17	120	850
Room 18	120	850
Totals	600	4,250

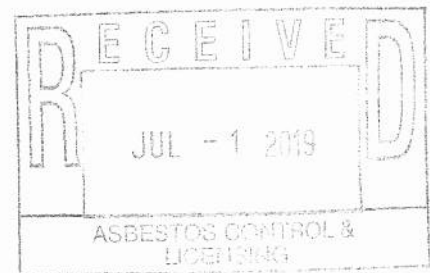
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	JUL - 1 2019	
ASBESTOS CONTROL & LICENSING		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:50-7 AND 12:120-7)

Check # 0125

Date of Notification (1) 06 / 19 / 19		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # __1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact PETER VILLANO		Telephone Number 201-794-4000	
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) Mondelez International		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 2211 Route 208		Square Feet 1,000,000 # Of Floors 3 Building Age 40 +	
City (5) Fairlawn	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Bakery
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO.	
Street Address 907 Doolittle Drive		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-218-1108		Telephone Number 973-884-8682	
Sched. Start Date (10) 06 / 24 / 19		Sched. Completion Date (11) 06 / 23 / 20	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: __ MON-FRI <input checked="" type="checkbox"/> Other - Describe: __ 7:00AM - 3:30PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf			
<input checked="" type="checkbox"/> Renovation <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 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)
BAKERY WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	130 LF
BAKERY MEZZANINE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	60 LF
BAKERY WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	70 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill GROWS
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 
			Date 06/28/19

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Amount (Specify SF or LF)	Abatement Type			
					R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A					
BAKERY 1ST FLOOR HALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Date of Notification (1) 6/27/19		Name of Building Owner/Operator (2) MR JAY STYLMAN						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	JUL 1 2019					
		City, State, Zip Code KEARNY, NJ. 07032	ASBESTOS CONTROL & REMEDIATION					
		Name of Contact MR STYLMAN	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR STYLMAN		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 2200	# of Floors 2					
City (5) KEARNY		Bldg. Age 1950						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 7/12/19	Scheduled Completion Date (11) 7/13/19	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St						
		City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEMS INSULATION	115 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/200	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601			Disposal Date 7/13/19	City, State NEW BURG, PA. 17240				
Completed by J. Maiorano	Title Estimator		Signature <i>J. Maiorano</i>			Date 6/27/19		

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

RECEIVED

JUL 1 2019

ASBESTOS CONTROL & LICENSING

Check No. 1776 INV-10371

Date of Notification (1) 06/26/2019		Name of Building Owner/Operator (2) Alvin Neiman	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028	
		Name of Contact Alvin Neiman	Telephone Number

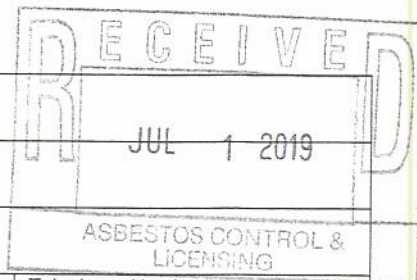
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glen Ridge		Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 0712	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 07/10/2019		Scheduled Completion Date (11) 07/11/2019	Name of OSHA Monitor D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Pipe Insulation	90 LF	X			
Laundry Room		X		Pipe nsulation	10 LF	X			

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central
City, State Wayne, NJ	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 06/26/2019

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

Check No. 1228264
 INV-12370



Date of Notification (1) 06/26/2019		Name of Building Owner/Operator (2) Mike Dezic	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863	
		Name of Contact Mike Dezic	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Fords		Bldg. Age N/A	
County (6) Woodbridge	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address _____		Street Address 11 Rosengren Avenue	
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 0712	
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01311
Start Date (10) 07/08/2019	Scheduled Completion Date (11) 07/09/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

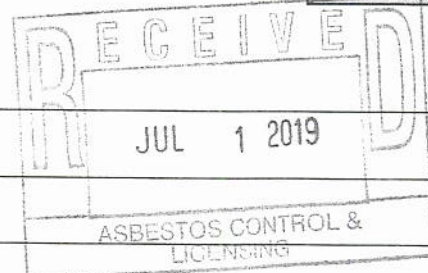
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	10 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 		Date 06/26/2019	

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



Check No. 2142
INV-12369

Date of Notification (1) 06/26/2019		Name of Building Owner/Operator (2) Edward Cuihe	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Edward Cuihe	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Maplewood		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 0712	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
		License No. 01311	
Start Date (10) 07/09/2019		Scheduled Completion Date (11) 07/10/2019	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Name of OSHA Monitor D&S Abatement, Inc.	
		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

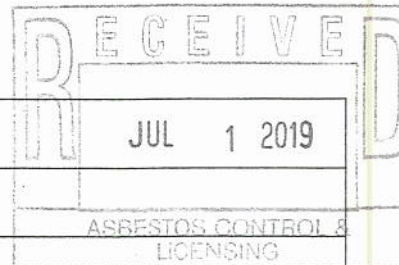
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Crawl Space		X		Pipe Insulation	25 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 06/26/2019	

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



Check No. 1624
INV-123108

Date of Notification (1) 06/27/2019		Name of Building Owner/Operator (2) Lawrence Township Public Schools							
Agencies Notified	Type Notification	Street Address 2565 Princeton Pike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Lawrenceville, NJ 08648							
		Name of Contact Thomas Eldridge	Telephone Number 609-671-5420						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle 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 2455 Princeton Pike		Square Feet 104,000	# of Floors 3						
City (5) Lawrenceville		Bldg. Age 67							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) United Safety LLC						
Street Address 1253 North Church St		Street Address 22 Troy Lane							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 856-840-8800	License No. 01317						
Start Date (10) 07/11/2019	Scheduled Completion Date (11) 08/02/2019	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Work #1A Corridor Rms 108-115		X		Transite Ceiling Panels	2,815 SF	X			
Work #1A Corridor Rms 108-115		X		Pipe Insulation	50 LF	X			
Work #1B Corridor Rms 301-305		X		Transite Ceiling Panels	3,850 SF	X			
Work #2A Corridor Rms 200-212		X		Transite Ceiling Panels	3,915 SF	X			
Name of Registered Waste Hauler Service Transport Group/United Safety LLC		NJDEP Waste Hauler ID No. SW2117/00368	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Yardley, PA/Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 06/27/2019			

Check # 10726
JUL 1 2019

Date of Notification (1) 6-28-19		Name of Building Owner/Operator (2) Dennis Fink		JUL 1 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] Street City, State, Zip Code Somerville NJ 08807 Name of Contact Dennis Fink	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Somerville NJ 08807			# of Floors 2		Bldg. Age 60+-
County (6) Somerset			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCN No. N/A		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337		City, State, Zip Code New Egypt NJ 08533	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533		Telephone No. 609 758-3365	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365		License No. 00394	
Start Date (10) 7-12-19		Scheduled Completion Date (11) 7-19-19		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address P.O. Box 337	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code New Egypt NJ 08533	
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)	
Basement		X		120 LF	
Basement Landing		X		50 SF	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 4	
City, State New Egypt NJ		Disposal Date		Name of Registered Landfill Waste Management of PA	
Completed by Steve Schenker		Title President		Signature Steve Schenker	
Date 6-28-19		Date		Date 6-28-19	

CH 24141

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/25/2019 <i>INV-12366</i>		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 540 BROADWAY
			City, State, Zip Code LONG BRANCH, NJ 07740
		Name of Contact ANN DEGNAN	Telephone Number 732-571-2868

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MORRIS AVENUE ELEMENTARY 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 318 MORRIS AVENUE		Square Feet	# of Floors
City (5) LONG BRANCH		Bldg. Age	
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE		
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512		
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	Telephone No. 973-956-8700	License No. 00494
Start Date (10) 7/8/2019	Scheduled Completion Date (11) 7/12/2019		Name of OSHA Monitor SAME AS (9) ABOVE	

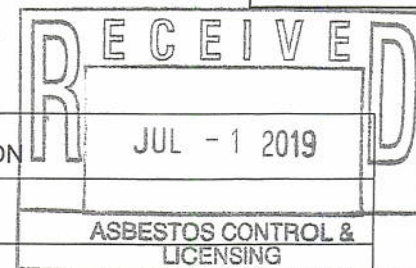
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED</u>		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> 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
BOILER ROOM		X		BOILER RIB INSULATION	300 SF	X			
				BOILER DOOR INSULATION	6 SF	X			
				BOILER BREECHING FLANGE	6 SF	X			
				GASKET					

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 7/12/2019		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/25/2019	

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



Date of Notification (1) 6/12/2019		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 540 BROADWAY							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact ANN DEGNAN	Telephone Number 732-571-2868						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MORRIS AVENUE ELEMENTARY SCHOOL		Type of Facility (4)							
Street Address 318 MORRIS AVENUE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LONG BRANCH		Square Feet	# of Floors						
			Bldg. Age						
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 6/26/2019	Scheduled Completion Date (11) 7/3/2019	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: OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
BOILER ROOM		X		BOILER RIB INSULATION	300 SF	X			
				BOILER DOOR INSULATION	6 SF	X			
				BOILER BREECHING FLANGE	6 SF	X			
				GASKET					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/3/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/12/2019					

State of New Jersey - Notification of Asbestos Abatement

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

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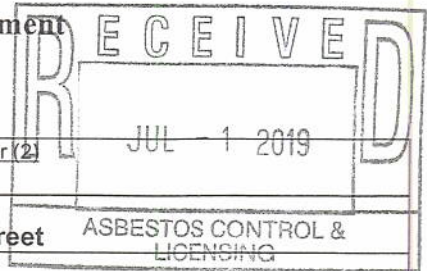
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Date of Notification (1) June 21, 2019		Name of Building Owner/Operator (2) Michaels Corp	
Agencies Notified XEPA DCA x DOL X DEP x DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended # 1 - June 21, 2019 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 200 Outwater Lane		Street Address PO Box 128, 817 Main Street	
City (5) Carlstadt		City, State, Zip Code Brownsville, Wisconsin 53006	
County (6) Bergen		Name of Contact Jake Wetsch	
County Code (7) (State Use Only)		Telephone Number 920.924.4300	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Exterior		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 200 Outwater Lane		Sq. Feet: Unknown # of Floors: Bldg. Age: NA years	
City (5) Carlstadt		Current Use (prior if being demolished):	
County (6) Bergen		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
County Code (7) (State Use Only)		Street Address 511 MAIN STREET	
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		City, State, Zip Code Butler, NJ 07405	
Street Address		Telephone Number 973-492-0477	
City, State, Zip Code		License Number 00840	
Project Manager for Monitoring Firm		Name of OSHA Monitor EMSL inc.	
Telephone Number		Street Address 1056 Stelton Road	
Scheduled Start Date (10) June 21, 2019		City, State, Zip Code Piscataway, NJ 08854	
Scheduled Completion Date (11) July 31, 2019			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Exterior Pipe Trench			
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Asbestos non-friable pipe coating	Amount (Specify SF or LF) 100 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405-NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date July 31, 2019	Name of Registered Landfill Fairless Landfill Grand Central Landfill
City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date June 21, 2019

GAC # 2019-679. Please Note: Amendment # 1 includes a new completion date of July 31, 2019 & 80 additional sf of pipe flashing/ coating.

State of New Jersey - Notification of Asbestos Abatement

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




Date of Notification (1) June 19, 2019		Name of Building Owner/Operator (2) Michaels Corp	
Agencies Notified XEPA DCA x DOL X DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 200 Outwater Lane		Street Address PO Box 128, 817 Main Street	
City (5) Carlstadt		City, State, Zip Code Brownsville, Wisconsin 53006	
County (6) Bergen		Name of Contact Jake Wetsch	
County Code (7) (State Use Only)		Telephone Number 920.924.4300	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Exterior		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 200 Outwater Lane		Sq. Feet: Unknown # of Floors: Bldg. Age: NA years	
City (5) Carlstadt		Current Use (prior if being demolished):	
County (6) Bergen		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
County Code (7) (State Use Only)		Street Address 511 MAIN STREET	
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		City, State, Zip Code Butler, NJ 07405	
Street Address		Telephone Number 973-492-0477	
City, State, Zip Code		License Number 00840	
Project Manager for Monitoring Firm		Name of OSHA Monitor EMSL inc.	
Telephone Number		Street Address 1056 Stelton Road	
Scheduled Start Date (10) June 21, 2019		City, State, Zip Code Piscataway, NJ 08854	
Scheduled Completion Date (11) June 24, 2019		Source of Work (Check all that apply)	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Exterior Pipe Trench		<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Asbestos non-friable pipe coating	Amount (Specify SF or LF) 20 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405-NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date June 24, 2019	Name of Registered Landfill Fairless Landfill Grand Central Landfill
City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265		Completed by (Print or Type) Marin Graure	
Title SENIOR PROJECT MANAGER		Signature <i>Marin Graure</i>	
Date June 19, 2019			

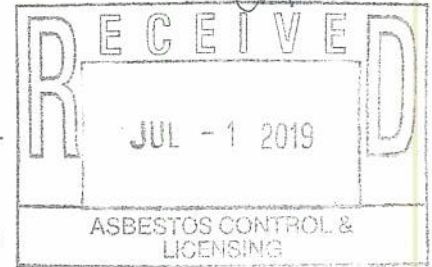
GAC # 2019-679

CH1157

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:420)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/21/2019 inv-12364		Name of Building Owner/Operator (2) Edgewood Properties Inc							
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 1260 Stelton Rd City, State, Zip Code Piscataway NJ 08854 Name of Contact Neha Gautam Telephone Number 732-985-1900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) former Coka Cola Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 704 Hwy 35		Square Feet 10000							
City (5) Neptune		# of Floors 1							
County (6) Monmouth County		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC							
City, State, Zip Code N/A		Street Address 1435 51st Street							
Project Manager for Monitoring Firm N/A		City, State, Zip Code North Bergen NJ 07047							
Telephone No. N/A		Telephone No. 201-552-9685							
License No. 01384		Name of OSHA Monitor Iris Environmental Laboratories							
Start Date (10) 7/1/2019		Scheduled Completion Date (11) 7/10/2019							
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: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West							
City, State, Zip Code Union NJ 07803		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">N/A</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">x</td> </tr> </table>	Yes	No	N/A			x	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Yes	No	N/A							
		x							
SEE ATTACHEMENT		SEE ATTACHEMENT							
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509							
City, State Po Box 5670		Cubic Yards of Waste							
Completed by Galo Zumba		Name of Registered Landfill ISES Bethlehem Rd Landfill							
Title Principal		Disposal Date 2335 Applebutter Rd Bethlehem PA							
Signature 		Date 6/21/2019							



Asbestos and Lead Abatement –Inspections
Air sampling for Asbestos

acmsolutionsservicesllc@gmail.com
Asbestos DOL # 01384

ASBESTOS ABATEMENT SCOPE OF WORK

Date: 7/1/2019

Job Location: 704 Route 35 Neptune NJ (Former Coke Cola)

Re: Asbestos Abatement @ Main floor

<u>Type of Asbestos</u>	<u>Scope of work.</u>	<u>Quantities</u>
Floor tile and mastic	Main floor	1815 SF
Caulk and glazing	Main floor	25 Windows
Fire door	Exterior main floor	1 door
Terrazzo material	Main floor	27 SF
Pipe insulation	Main floor	100 LF
Fittings	Main Floor	15 LF
Carpet glue	Main Floor	234 SF



Galo Zumba

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Inv# 12375

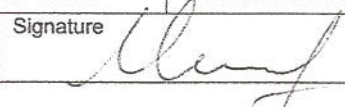
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check No. 1778

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Form 1001

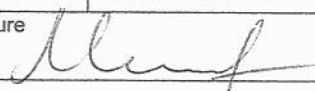
JUL 1 2019

Date of Notification (1) 06-04-2019		Name of Building Owner/Operator (2) Hamilton Township School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 90 Park Ave		City, State, Zip Code Hamilton NJ 08690							
Name of Contact Dimitar Mitano		Telephone Number 973-771-8123							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hamilton High School West		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 2720 S Clinton Ave		Square Feet N/A	# of Floors N/A						
City (5) Trenton NJ 08610		Bldg. Age N/A							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address		Street Address PO BOX 734							
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	License No. 01266						
Start Date (10) 06-28-2019	Scheduled Completion Date (11) 11-30-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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) 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	Window Caulk	4800 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 35 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 12-07-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-04-2019			

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

Check NO. 1779

Date of Notification (1) 06-04-2019		Name of Building Owner/Operator (2) Hamilton Township School District							
Agencies Notified	Type Notification	Street Address 90 Park 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	<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 Hamilton NJ 08690							
		Name of Contact Dimitar Mitinov	Telephone Number 973-771-8123						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robinson Elementary 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 495 Gropp Ave		Square Feet N/A	# of Floors N/A						
City (5) Hamilton NJ 08610		Bldg. Age N/A							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Amax Contracting LLC							
Street Address		Street Address PO BOX 734							
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-692-6298	License No. 01266						
Start Date (10) 06-28-2019	Scheduled Completion Date (11) 11-20-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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
Exterior			x	Window Caulk	4400 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 30 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 11-29-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-04-2019			

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

Inv# 12378

Ck# 2662

Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) ANH Management		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 958 Main St			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Paterson, NJ 07503			
						Name of Contact			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Paterson		County (6) Passaic		County Code (7) (STATE USE ONLY) <u>07503</u>					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		City, State, Zip Code n/a		Street Address 360 Palisade Ave					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		City, State, Zip Code Garfield, NJ 07026					
Start Date (10) 6/5/19		Scheduled Completion Date (11) 6/25/19		Telephone No. 973460.6026					
Occupancy Status During Abatement (Check Only One)		License No. 01255		Name of OSHA Monitor Harmony Contracting Inc					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave		City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Roof			x	Roofing Material	800 SF	<			
Basement			x	Pipe Insulation	150 LF	<			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill TBD			
City, State Newark, NJ		Disposal Date TBD		City, State TBD					
Completed by Stevan Lazarevich		Title Secretary		Signature <i>Stevan Lazarevich</i>		Date 6/26/19			

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

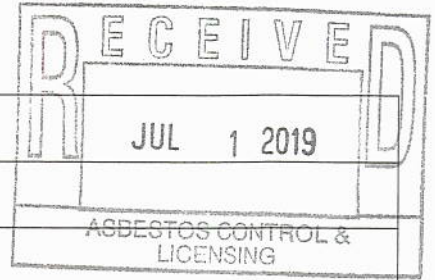
RECEIVED

JUL 1 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) MS. PAULIN PALMA				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code ENGLEWOOD, NJ 07631				
		Name of Contact MS. PALMA	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. PAULIN PALMA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 2000	# of Floors 2			
City (5) ENGLEWOOD		Bldg. Age 1935				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 7/8/19	Scheduled Completion Date (11) 7/9/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 120 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 7/9/19	City, State NEW BURG, PA 17240			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 6/26/19			

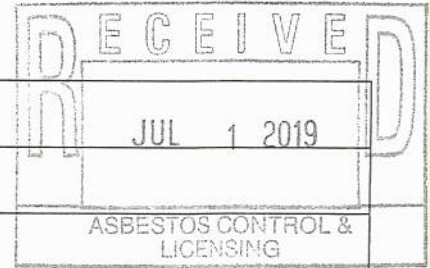
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



No Check

Date of Notification (1) 6/25/2019		Name of Building Owner/Operator (2) KEAN UNIVERSITY					
Agencies Notified	Type Notification	Street Address 1000 MORRIS AVENUE					
<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 UNION, NJ 07083					
		Name of Contact STEVE REMOTTI	Telephone Number 908-737-5050				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) WILLIS HALL		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 1000 MORRIS AVENUE		Square Feet	# of Floors				
City (5) UNION, NJ 07083		Bldg. Age					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.				
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE					
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm JAMES GUILARDI		Telephone No. 856-840-8800	Telephone No. 973-956-8700				
License No. 00494							
Start Date (10) 5/28/2019	Scheduled Completion Date (11) 7/9/2019	Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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			
				Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	Yes	No	N/A				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ		Disposal Date 7/9/2019		City, State MORRISVILLE, PA			
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/25/2019			

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



Date of Notification (1) 5/16/2019		Name of Building Owner/Operator (2) KEAN UNIVERSITY							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 MORRIS AVENUE							
		City, State, Zip Code UNION, NJ 07083							
		Name of Contact STEVE REMOTTI	Telephone Number 908-737-5050						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WILLIS HALL		Type of Facility (4)							
Street Address 1000 MORRIS 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) UNION, NJ 07083		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JAMES GUILARDI		Telephone No. 856-840-8800	License No. 00494						
Start Date (10) 5/28/2019	Scheduled Completion Date (11) 6/25/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input 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) <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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 6/25/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 5/16/2019	

Table 5 - Asbestos Containing Materials Estimate
Willis Hall, Kean University
1000 Morris Avenue, Union, NJ

Homogenous Area	U.O.M.	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Penthouse
9" Tile (BEI-WHT) + Mastic	S.F.		1,500	1,500	1,390	1,400	
9" Tile (BLK) Mastic Only	S.F.					10	
9" Tile (BRN) + Mastic	S.F.		570				
9" Tile (CRM) + Mastic	S.F.			50			
9" Tile (CRM) + Mastic	S.F.		210				
9" Tile (CRM) + Mastic	S.F.					200	
9" Tile (GRN) + Mastic	S.F.				320		
9" Tile (GRY) + Mastic	S.F.		120	250	70	450	
9" Tile (GRY) + Mastic	S.F.				20		
9" Tile (OLV) + Mastic	S.F.		4,600	6,760	2,740	5,700	
9" Tile (OLV) + Mastic	S.F.			100			
9" Tile (TAN) + Mastic	S.F.		410	1,150	660	950	
9" Tile (TAN) + Mastic	S.F.		850	350	700	500	
9" Tile (TAN-BEI) + Mastic	S.F.		1,170	600	590	980	
12" Tile (BEI)	S.F.		480				
12" Tile (BEI)	S.F.		1,000	1,000	400	400	
12" Tile (BEI) Mastic Only	S.F.				40		
12" Tile (BLUE) Mastic Only	S.F.			1,050	1,760		
12" Tile (CRM) + Mastic	S.F.		170				
12" Tile (GRN) + Mastic	S.F.				40		
12" Tile (TAN) + Mastic	S.F.		1,000				
ACM Elbow Joints (~6")	EA		10				
ACM Fittings (~2")	L.F.	2	80	10		20*	
ACM Fittings (~24")	EA						2
ACM Fittings (~4")	EA		10			30*	5
ACM Pipe / Fitting Insulation	L.F.		20				
ACM Pipe / Fitting Insulation	L.F.	1	190				
Black Mastic	S.F.					1,400*	
Carpet Glue	S.F.					1,400*	
Duct Caulk (BLK)	S.F.			40			
Hidden ACM Pipes in wall risers	L.F.		180	190	210	180	
Hidden ACM Pipes perimeter risers	L.F.		175	175	175	175	
Laboratory Countertop	S.F.			30			
Off-WHT Spray-On (Ceiling) ***	S.F.		170				
Plaster Soffit ***	S.F.		1,800	2,450	2,970	2,780	
Plaster Soffit (BRN) ***	S.F.		400				
Tile under 12" (BLUE)	S.F.			100			
Tile under 12" (TAN) + Mastic	S.F.		800*				
Tile under 12" Tile (BRN) + Mastic	S.F.				620		
Tile under Carpet + Mastic	S.F.				770		
Transite®	S.F.		1,210	1,210	1,210	1,210	
Ceiling Plaster (Under landing) ***	S.F.		180	360	360		
Wall Plaster (Stair backing) ***	S.F.		100	200	200		

Notes:

*Double layer

*Sub-Carpet

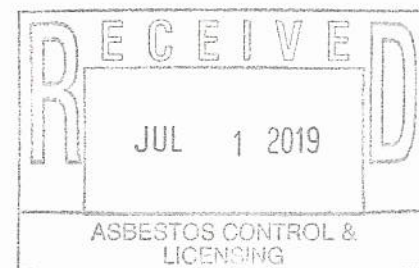
*Some Fittings in Stairwells

*** Limited Containment

S.F. (Square Feet)

L.F. (Linear Feet)

EA (Each)



PAID

Inv# 1286

Print Form

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

CK# 2663

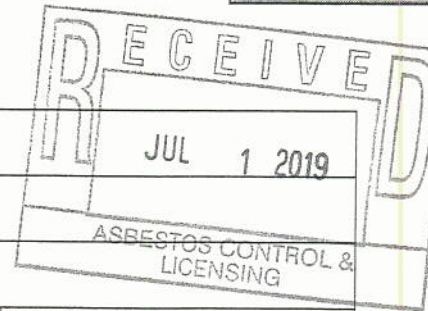
Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) ANH Management		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 958 Main St		City, State, Zip Code Paterson, NJ 07503		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED] 07503			Square Feet 2000						
City (5) Paterson			# of Floors 2						
County (6) Passaic			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residential House						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code n/a		Telephone No. n/a		License No. 01255					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Name of OSHA Monitor Harmony Contracting Inc					
Start Date (10) 6/5/19		Scheduled Completion Date (11) 6/25/19		Street Address 360 Palisade Ave					
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 <input checked="" type="checkbox"/> Other - Describe: Scheduled for Demo				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
1st & 2nd Floors			X	Drywall Material	4,000 SF	<			
Exterior			X	Window Caulk	50 LF	<			
Name of Registered Waste Hauler Newark Carting NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste TBD Name of Registered Landfill TBD City, State Newark, NJ Disposal Date TBD City, State TBD Completed by Stevan Lazarevich Title Secretary Signature [Signature] Date 6/26/19									

State of New Jersey

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

Check # 515424487-0

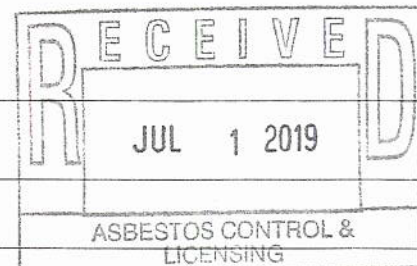
PAID



Date of Notification (1) 04-23-2019		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 80 Park Plaza							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Brooke James	Telephone Number 856-339-2816						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Salem Unit 1 - 78' Elevation - Unit Containment		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 End of Alloway Creek Neck Road		Square Feet 50	# of Floors Bldg. Age						
City (5) Hancocks Bridge		County Code (7) (STATE USE ONLY)							
County (6) Salem		Current Use (Prior if being demolished) Insulation							
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Associates		ASCM No. DZ - 01357	Name of Abatement Contractor (9) Day and Zimmermann						
Street Address 359 Dresher Road		Street Address 1827 Freedom Road, Suite 101							
City, State, Zip Code Horsham, PA 19044		City, State, Zip Code Lancaster, PA 17601							
Project Manager for Monitoring Firm Rich Mason		Telephone No. 215-651-4078	License No. 01357						
Start Date (10) 04/23/2019		Scheduled Completion Date (11) 04/23/2019							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Abatement controlled within a controlled environment		Name of OSHA Monitor Joe McGrellis, but will be John DiLuzio							
		Street Address End of Alloway Creek Neck Road							
		City, State, Zip Code Hancocks Bridge, NJ 08038							
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
78' Salem Unit Containment		X		Asbestos Blanket	50 SF	X			
Name of Registered Waste Hauler C&H Disposal Service Inc		NJDEP Waste Hauler ID No. 7903	Cubic Yards of Waste Bulk	Name of Registered Landfill Salem County Improvement Authority					
City, State Elmer, NJ 08318		Disposal Date 4/23/2019		City, State Alloway, NJ 08001					
Completed by Lou Nociti		Title DZ - Site Director		Signature 		Date 4/25/2019			

INV-12397
Check # 5834

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



Date of Notification (1) 06 / 26 / 19		Name of Building Owner/Operator (2) Jill Banks	
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 [REDACTED] City, State, Zip Code Willingboro, NJ 08046 Name of Contact Jill Banks Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Banks 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 1,685	
City (5) Willingboro		# of Floors 2	Bldg. Age 50
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 07 / 11 / 19	Scheduled Completion Date (11) 07 / 13 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

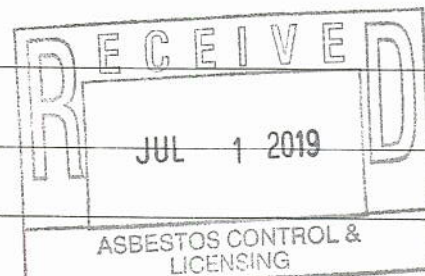
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room and Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	72 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 07/13/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6-26-19		

INV-12394
Check # 5832

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


PAID



Date of Notification (1) 06 / 25 / 19		Name of Building Owner/Operator (2) Victoria Whorton							
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 <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code Willingboro, NJ 08046							
		Name of Contact Victoria Whorton							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Whorton 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 <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Willingboro		Square Feet 1,267	# of Floors 1						
		Bldg. Age 54							
County (6) Burlington		County Code (7)(STATE USE ONLY)							
		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 07 / 06 / 19	Scheduled Completion Date (11) 07 / 08 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	18 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/08/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations		Signature 			Date 6/25/19			

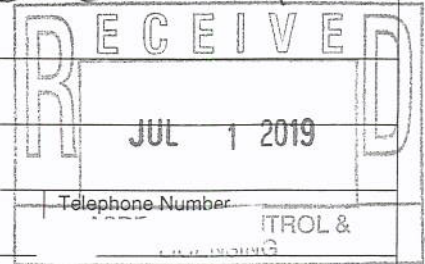
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

inv-12394
PAID
Check 19013

Date of Notification (1) 6/3/19		Name of Building Owner/Operator (2) Cresskill Dept of Public Works							
Agencies Notified	Type Notification	Street Address 325 Piermont Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill, NJ 07626							
		Name of Contact Kevin Terhune	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cresskill		Square Feet 2500	# of Floors 2						
County (6) Bergen		Bldg. Age 65							
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) 6/17/19	Scheduled Completion Date (11) 7/1/19	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 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) <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
			X	duct insulation	300 SF	X			
			X	9"x9" floor tile	300 SF	X			
Basement			X	pipe insulation	2 LF	X			
Exterior			X	siding	2,800 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 6/3/19			

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

Check 19014



Date of Notification (1) 6/26/19 <i>INV-12393</i>		Name of Building Owner/Operator (2) Tim Wilhovsky	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville NJ 07109	
		Name of Contact Tim Wilhovsky	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Belleville	Square Feet 1300	# of Floors 2	Bldg. Age 70
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)		Name of Abatement Contractor (9)	
ASCM No. _____		ABS Environmental Services, LLC	
Street Address		Street Address	
[REDACTED]		PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code	
[REDACTED]		Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No.	License No.
[REDACTED]		973-764-2276	703
Start Date (10) 7/5/19	Scheduled Completion Date (11) 7/12/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>exterior</u>		[REDACTED]	
		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
exterior			x	transite siding	1000 SF	x			

Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 6/26/19

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

Check 19017

Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) Jason Chen		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2019 CONTROL & REMEDIATION </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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Bayonne, NJ 07002 Name of Contact Jason Chen			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City				Square Feet 2000	# of Floors 2				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 73				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) home					
Street Address		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
City, State, Zip Code		Telephone No.		Street Address PO Box 483, 4 E Gate Drive					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Glenwood, NJ 07418					
Start Date (10) 6/28/19		Scheduled Completion Date (11) 7/10/19		Telephone No. 973-764-2276					
Occupancy Status During Abatement (Check Only One)				License No. 703					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>				Name of OSHA Monitor					
Scope of Work (Check All That Apply)				Street Address					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf				City, State, Zip Code					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	120 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 6/26/19		

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INV-10391

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

CK 5145

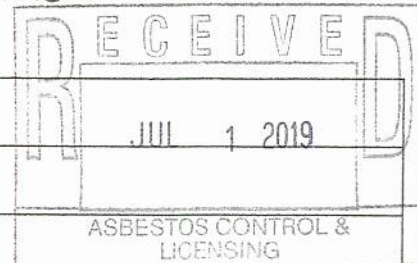
Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) MR. PETER PRINZO					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	RECEIVED JUL 1 2019				
		City, State, Zip Code LYNDHURST, NJ. 07071					
		Name of Contact MR. PRINZO	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. PETER PRINZO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2000	# of Floors 2				
City (5) LYNDHURST		Bldg. Age 1940					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 7/10/19	Scheduled Completion Date (11) 7/11/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 85 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 7/10/19	City, State NEW BURG, PA. 17240				
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano			Date 6/26/19		

ASB-41

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

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

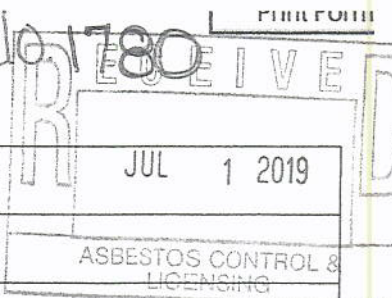
Check No. 1781



Date of Notification (1) 06/24/2019		Name of Building Owner/Operator (2) Wasa Properties Sutton Plaza LLC							
Agencies Notified	Type Notification	Street Address 3512 Quentin Rd, Suite 204							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brooklyn, NY 11234							
		Name of Contact Betty Walker	Telephone Number (201) 508-5272						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 293 Route 206		Square Feet N/A	# of Floors N/A						
City (5) Flanders NJ 07863 07836		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Pak NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
License No. 01266									
Start Date (10) 07-04-2019	Scheduled Completion Date (11) 08-03-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" 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) 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
Store Front			x	asbestos tile glue on sheetrock	1000 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 25 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Prk NJ 07424		Disposal Date 08-10-2019	City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 06-24-2019			

INV-12388

PAID Check No. 1780
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/24/2019		Name of Building Owner/Operator (2) David Kozak							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford NJ 07016							
		Name of Contact David Kozak	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Cranford NJ 07016		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 07-03-2019		Scheduled Completion Date (11) 08-03-2019	License No. 01266						
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 Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Attic			x	Vermiculite	432 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 10 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Prk NJ 07424		Disposal Date 08-10-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 06-24-2019		

Inv-12387

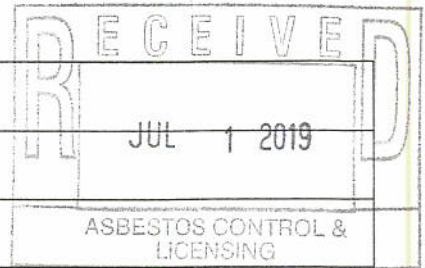
PAID

check # 3255

Date of Notification (1) June 26, 2019		Name of Building Owner/Operator (2) CELGENE CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 86 MORRIS AVENUE		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact MR. Janos Angeli - Director - Engineering & Construction		Telephone Number (908) 897-4646	
<div style="text-align: center;">RECEIVED</div> <div style="text-align: center;">JUL 1 2019</div> <div style="text-align: center;">ASBESTOS CONTROL & LICENSING</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - "I" BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 86 MORRIS AVENUE		Sq. Feet: 35,000 # of Floors: 2 Bldg. Age: ~70+ years	
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	
Street Address 464 VALLEY BROOK AVENUE #3A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code LYNDHURST, NJ 07071		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 201-438-4839	License Number 00840
Scheduled Start Date (10) 07/05/2019		Scheduled Completion Date (11) 07/29/2019	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement, Area Vacated (NOT SUB 8 - Friday 8AM - Monday 6AM (24 hrs. & weekends as needed)		Name of OSHA Monitor ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Tent) <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
I204/I204-1 Hallway	<input checked="" type="checkbox"/>	Thermal Systems Insulation (pipe)	200 LF
I204/I204-1 Roof top MER	<input checked="" type="checkbox"/>	Roofing	600 SF
I204/I204-1 Roof top MER	<input checked="" type="checkbox"/>	Duct Weatherproofing Mastic & Vibration Cloth	440 SF
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 20 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 07/29/2019	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700		Date June 26, 2019	
Notes: None		Signature <i>Raymond C. Pedalino</i>	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	

Check No. 2031

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



Date of Notification (1) 06-26-19 CK 10385		Name of Building Owner/Operator (2) Balwant Butar	
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 Carteret, NJ 07008	
		Name of Contact Balwant Butar	Telephone Number

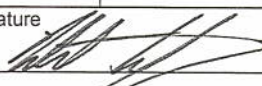
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Carteret		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 07-05-19	Scheduled Completion Date (11) 07-08-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
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)	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
Exterior			X		Siding	2800 SF	x		
							x		

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ			Disposal Date 07-08-19	City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 	Date 06-26-19	

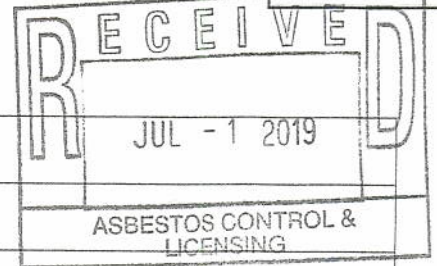
CH 2188

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

RECEIVED JUL - 1 2019 ASBESTOS CONTROL & LICENSING
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Date of Notification (1) 6/27/19 Inv-10318		Name of Building Owner/Operator (2) Tiffany Gonzalez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410							
		Name of Contact Tiffany Gonzalez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		Square Feet 1800	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/28/19	Scheduled Completion Date (11) 7/1/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <div style="float: right;"> <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 </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	712 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 6/27/19			

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



CH099148

Date of Notification (1)
6/27/2019 **INV-12384**

Name of Building Owner/Operator (2)
LANXESS Solutions US Inc.

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

Type Notification
☐ Initial
☒ Amended
 Amendment # **7**
☐ Emergency (including justification)
☐ Cancellation

Street Address
1020 Kings George Post Road

City, State, Zip Code
Fords, NJ 08863

Name of Contact
Lisa Daniels

Telephone Number
732-306-4959

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LANXESS Solutions US Inc.

Street Address
1020 King George Post Road

City (5)
Fords

County (6)
Middlesex

County Code (7)
 (STATE USE ONLY)

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

Square Feet
 # of Floors
 Bldg. Age

Current Use (Prior if being demolished)
boiler house piping, processing plant & tanks

Name of Monitoring Firm Hired by Building Owner (8)
Emilcott Associates, Inc.

ASCM No.

Name of Abatement Contractor (9)
Stryker Demolition & Environmental Services, LLC

Street Address
190 Park Avenue

Street Address
992 Old Eagle School Road, STE 910

City, State, Zip Code
Morristown, NJ 07960

City, State, Zip Code
Wayne, PA 19087

Project Manager for Monitoring Firm
David Tomsey

Telephone No.
973-538-1110

Telephone No.
484-581-7428

License No.
01286

Start Date (10)
2/18/2019

Scheduled Completion Date (11)
8/2/2019

Name of OSHA Monitor
Stryker Demolition & Environmental Services, LLC

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

Street Address
992 Old Eagle School Road, STE 910

City, State, Zip Code
Wayne, PA 19087

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X			
Door Gasket boiler, caulk, counter		X		Other Misc.	530 LF	X			
QA, M1D, Ester 2 Area		X		Pipe Insulation (TSI)	1406 LF	X			
ZAA, Ester 2, PA Tank, Ester 1		X		Surfacing	2373 SF	X			

Name of Registered Waste Hauler
Horwith Trucks, Inc.

NJDEP Waste Hauler ID No.
SW-1998

Cubic Yards of Waste
35

Name of Registered Landfill
Cumberland County Landfill

City, State
Northampton, PA

Disposal Date
7/19/2019

City, State
Shippensburg, PA

Completed by
Mark Klotzbach

Title
Vice President

Signature

Date
6/27/2019