

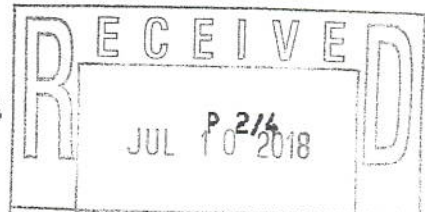
2018-07-05 14:10

CK4915

Shade Environmental 1 >> 609 633 0664

PAID

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



Date of Notification (1) <u>07</u> / <u>05</u> / <u>18</u>		Name of Building Owner/Operator (2) Pine Hill Public Schools
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 1003 Turnerville Road City, State, Zip Code Pine Hill, NJ 08021 Name of Contact Greg Sawyer

DUL - 10 DAY

JUL 10 2018

WATERPROOFED
609-235-6079

Name of Facility Where Abatement is Taking Place (3) Overbrook High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address 1200 Turnerville Road		Square Feet 80,000
City (5) Pine Hill		# of Floors 2
County (6) Camden		Bldg. Age 100
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1930 Brown Road	City, State, Zip Code Newfield, NJ 08344	Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052
Project Manager for Monitoring Firm Jim Eberts	Telephone No. 856-205-1077	Telephone No. 856-766-0099
Start Date (10) <u>07</u> / <u>08</u> / <u>18</u>	Scheduled Completion Date (11) <u>07</u> / <u>09</u> / <u>18</u>	License No. 00842
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM/3:00PM-1:00AM		Name of OSHA Monitor EMSL Analytical, Inc
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted ("") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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 C115A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation (Wrap & Seal)	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room C112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation (Wrap & Seal)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

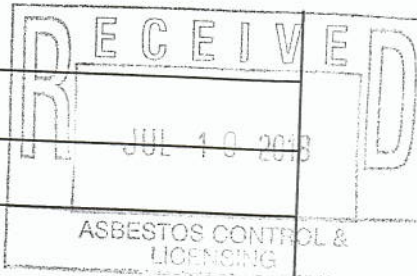
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15938	Cubic Yards of Waste 1	Name of Registered Landfill Fairfax Landfill
City, State Freehold, NJ	Disposal Date 07/08/2018	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature <i>Christina Lynch</i>	Date 7/5/18

 ASB-41
 JAN 13

* Do not use this form for asbestos license exempted activities

no ck

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



Date of Notification (1)

7 / 6 / 2018

Agencies Notified

☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

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

Square Feet
7,000

of Floors
1

Bldg. Age
40+

Current Use (Prior if being demolished)
ABANDONED

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

EMSL #11506

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Expected State Date (10)

6 / 4 / 18
Month Day Year

Sched. Completion Date (11)

7 / 6 / 18
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

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

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

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

Is Location
normally used
solely by
Maint/Custodial
Staff (12)
Yes No N/A

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

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSUL
ENCLOSUR

1ST FLOOR FRONT OFFICE BATHROOM

X

WALL COMPOUND

150 SF

X

1ST FLOOR SHOP SIDE BATHROOM

X

WALL COMPOUND

150 SF

X

1ST FLOOR FURNACE ROOM

X

WALL COMPOUND

400 SF

X

EXTERIOR EAST ROOF

X

VENT TAR

6 SF

X

EXTERIOR EAST ROOF

X

BUILT UP ROOFING

1,600 SF

X

EXTERIOR SOUTH ROOF

X

VENT TAR

6 SF

X

EXTERIOR L ROOF

X

BLACK CAULK

32 SF

X

1ST FLOOR FRONT OFFICE

X

WALL COMPOUND

125 SF

X

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD
City, State
NEWARK, NEW JERSEY

NJDEP Waste
Hauler ID No.
913

Cubic Yards of Waste
31

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
6/04 - 12/30/18

City, State
PLAINFIELD TOWNSHIP, PA

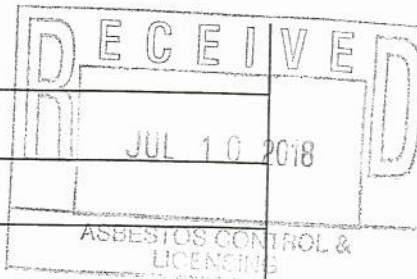
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

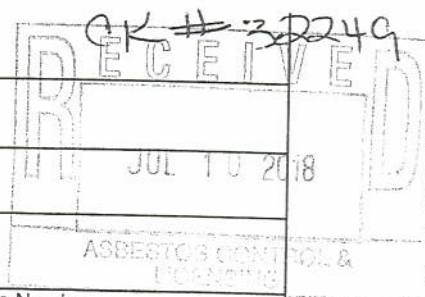
Date 7-6-18

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



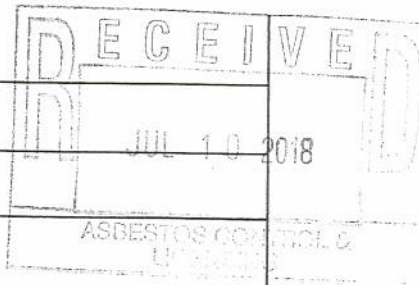
Date of Notification (1) 6 / 27 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 223 NORTH VAN DIEN AVENUE		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Name of Contact GEORGE GANCOS		Telephone Number 201-447-8141	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY 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 (ie. private & commcl. bldgs., homes, etc.)	
Street Address 620 WINTER AVENUE		Square Feet 7,000	# of Floors 1
City (5) PARAMUS	County (6) BERGEN	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		Current Use (Prior if being demolished) ABANDONED	
Street Address 131 VARICK STREET, SUITE 1022		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code NEW YORK, NEW YORK 10013		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JIM MIADES		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 347-435-3561		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 6 / 4 /18		Sched. Completion Date (11) 12 30 /18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor EMSL #11506	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR	
1ST FLOOR FRONT OFFICE BATHROOM		WALL COMPOUND 150 SF X	
1ST FLOOR SHOP SIDE BATHROOM		WALL COMPOUND 150 SF X	
1ST FLOOR FURNACE ROOM		WALL COMPOUND 400 SF X	
EXTERIOR EAST ROOF		VENT TAR 6 SF X	
EXTERIOR EAST ROOF		BUILT UP ROOFING 1,600 SF X	
EXTERIOR SOUTH ROOF		VENT TAR 6 SF X	
EXTERIOR L ROOF		BLACK CAULK 32 SF X	
1ST FLOOR FRONT OFFICE		WALL COMPOUND 125 SF X	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 31
Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		Disposal Date 6/04 - 12/30/18	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature
		Date 6/27/18	

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



Date of Notification (1) 5 / 31 /2018			Name of Building Owner/Operator (2) THE VALLEY HOSPITAL		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 223 NORTH VAN DIEN AVENUE			City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652		
Name of Contact GEORGE GANCOS			Telephone Number 201-447-8141		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VALLEY 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 (ie. private & commcl. bldgs., homes, etc.)		
Street Address 620 WINTER AVENUE			Square Feet 7,000	# of Floors 1	Bldg. Age 40+
City (5) PARAMUS	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ABANDONED		
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION			ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 131 VARICK STREET, SUITE 1022			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code NEW YORK, NEW YORK 10013			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 6 / 4 /18 Month Day Year		Sched. Completion Date (11) 12 30 /18 Month Day Year		Name of OSHA Monitor EMSL #11506	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			Street Address 307 WEST 38TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR
1ST FLOOR FRONT OFFICE BATHROOM		X	WALL COMPOUND	150 SF	X
1ST FLOOR SHOP SIDE BATHROOM		X	WALL COMPOUND	150 SF	X
1ST FLOOR FURNACE ROOM		X	WALL COMPOUND	400 SF	X
EXTERIOR EAST ROOF		X	VENT TAR	6 SF	X
EXTERIOR EAST ROOF		X	BUILT UP ROOFING	1,600 SF	X
EXTERIOR SOUTH ROOF		X	VENT TAR	6 SF	X
EXTERIOR L ROOF		X	BLACK CAULK	32 SF	X
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY		Disposal Date 6/04 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 5/31/18	

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



Date of Notification (1) 5 / 25 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 NORTH VAN DIEN AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
		Name of Contact GEORGE GANCOS	Telephone Number 201-447-8141

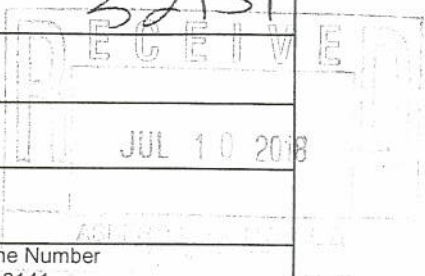
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 620 WINTER AVENUE		Square Feet 7,000	# of Floors 1
City (5) PARAMUS		Bldg. Age 40+	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ABANDONED	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 131 VARICK STREET, SUITE 1022		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NEW YORK, NEW YORK 10013		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JIM MIADES	Telephone Number 347-435-3561	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 29 /18	Sched. Completion Date (11) 12 / 30 /18	Name of OSHA Monitor EMSL #11506	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Street Address 307 WEST 38TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Encl , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR FRONT OFFICE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR SHOP SIDE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR FURNACE ROOM			X	WALL COMPOUND	400 SF	X			
EXTERIOR EAST ROOF			X	VENT TAR	6 SF	X			
EXTERIOR EAST ROOF			X	BUILT UP ROOFING	1,600 SF	X			
EXTERIOR SOUTH ROOF			X	VENT TAR	6 SF	X			
EXTERIOR L ROOF			X	BLACK CAULK	32 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY		Disposal Date 5/29/18 - 12/30/18		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 5/25/18				

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

32157

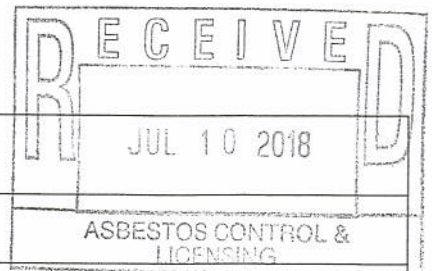
Date of Notification (1) 5 / 9 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 223 NORTH VAN DIEN AVENUE		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Name of Contact GEORGE GANCOS		Telephone Number 201-447-8141	



Name of Facility Where Abatement is Taking Place (3) VALLEY 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 (ie. private & commcl. bldgs., homes, etc.)		
Street Address 620 WINTER AVENUE				Square Feet 7,000	# of Floors 1	Bldg. Age 40+
City (5) PARAMUS	County (6) BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDONED		
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 131 VARICK STREET, SUITE 1022				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code NEW YORK, NEW YORK 10013				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561		Telephone Number 845-369-7500		License Number 1101
Expected State Date (10) 5 / 29 /18		Sched. Completion Date (11) 12 30 /18		Name of OSHA Monitor EMSL #11506		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 307 WEST 38TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				City, State, Zip Code NEW YORK, NEW YORK		
Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A				Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/>						

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	Yes	No	N/A						
1ST FLOOR FRONT OFFICE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR SHOP SIDE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR FURNACE ROOM			X	WALL COMPOUND	400 SF	X			
EXTERIOR EAST ROOF			X	VENT TAR	6 SF	X			
EXTERIOR EAST ROOF			X	BUILT UP ROOFING	1,600 SF	X			
EXTERIOR SOUTH ROOF			X	VENT TAR	6 SF	X			
EXTERIOR L ROOF			X	BLACK CAULK	32 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY				Disposal Date 5/29/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature BSS		Date 5/9/18			

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



Date of Notification (1) 07 / 06 / 18		Name of Building Owner/Operator (2) Medford Leas							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Medford Leas Way							
		City, State, Zip Code Medford, NJ 08055							
		Name of Contact Michael Worley	Telephone Number 609-654-3372						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Medford Leas Community Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Medford Leas Way									
City (5) Medford		Square Feet 10,000	# of Floors 1 Bldg. Age 80						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retirement Community							
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 / 07 / 18	Scheduled Completion Date (11) 07 / 23 / 18	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 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
Laundry Service Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	12 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 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 07/23/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations		Signature 			Date 7/16/18			

07/05/2018 12:37

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VMC COMPANY INC

PAID

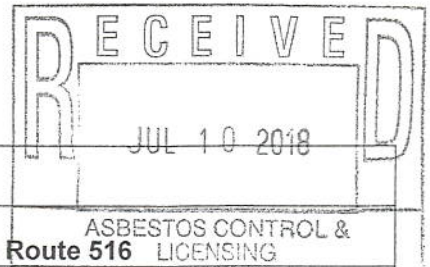
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:6b and 12:120)

RECEIVED
PAGE 02/04
JUL 10 2018
Print Form

CK 2014
07/05/2018

Date of Notification (1) 07/05/2018		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified	Type Notification	Street Address 1 Normal Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Montclair, NJ 07043	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Amy Ferdinand	
Name of Facility Where Abatement is Taking Place (3) Richardson Hall		FACILITY INFORMATION	
Street Address 1 Normal Ave		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.)	
City (5) Montclair		Square Feet	# of Floors Bldg. Age
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 0012	Name of Abatement Contractor (9) VMC Company Inc.
Street Address 300 Grand Ave		Street Address 208 Piaget Ave	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-253-8828
Start Date (10) 07/09/2018		Scheduled Completion Date (11) 07/12/2018	License No. 00704
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIED		Name of OSHA Monitor Vmc Company Inc	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf		Street Address City, State, Zip Code	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Removal Repair Encapsulate Enclosure
1ST FLOOR HALLWAY	X	PIPE FITTINGS, WRAPPED	44 LF X
ROOM 106	X	PIPE FITTINGS, WRAPPED	12 LF X
Name of Registered Waste Hauler Newark Carting Inc		NJ DEP Waste Hauler ID No. 05409	Cubic Yards of Waste
City, State Newark, NJ		Disposal Date	Name of Registered Landfill GROSVES
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski
			Date 07/05/2018

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Patrick Torre Administration Bldg, County Route 516	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended-#2-7/6/18	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Matawan, NJ 07747	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		Mr. Frank Frazzitta	732-360-4507

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) McDivitt Elementary School			Type of Facility (4)		
Street Address			<input checked="" type="checkbox"/> School (K-12)		
1 Manny Martin Way			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Old Bridge	Middlesex		50000	1	40+
Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address			Street Address		
120 North Warren Street			1123 Beaver Street		
City, State & Zip Code			City, State & Zip Code		
Trenton, NJ 08010			Bristol, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Rollie Jones		609-392-4200	(215)788-6040		00509
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
6/25/18	7/9/18		Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7:00am to 3:30pm			City, State & Zip Code		
Describe:			Bristol, PA 19007		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

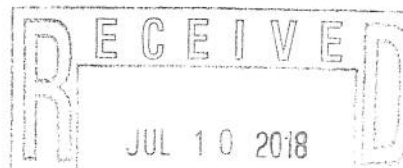
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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	Enclose
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Fittings	35 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 Rib Packing	50 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"/>	Breeching	250 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	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Inc.	20990	16 Cu Yd	Minerva Landfill
City, State	Disposal Date	City, State	
New Castle, DE	7/9/18	Waynesburg, Ohio	
Completed By (Print or Type)	Title	Signature	Date
Gino Pizzigoni	Project Manager	<i>Gino Pizzigoni</i>	7/6/18

CT 18000

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-7/5/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Patrick Torre Administration Bldg, County Route 516		City, State & Zip Code Matawan, NJ 07747	
Name of Contact Mr. Frank Frazzitta		Telephone Number 732-360-4507	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) McDivitt 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 1 Manny Martin Way		Square Feet 50000	
City (5) Old Bridge		# of Floors 1	Bldg. Age 40+
County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/9/18	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 3pm to 11:30pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code Bristol, PA 19007	
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) 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)
Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pipe Insulation Fittings	35 LF
Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Boiler Rib Packing	50 LF
Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Breeching	250 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 16 Cu Yd
City, State New Castle, DE		Name of Registered Landfill Minerva Landfill	
Completed By (Print or Type) Gino Pizzigoni		Disposal Date 7/9/18	City, State Waynesburg, Ohio
Title Project Manager		Signature <i>Gino Pizzigoni / gk</i>	Date 7/5/18

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA 8978 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8954 <input checked="" type="checkbox"/> DOH 8961 <input checked="" type="checkbox"/> DCA 8985	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number 732-360-4507	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) McDivitt 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 1 Manny Martin Way			Square Feet 50000 # of Floors 1 Bldg. Age 40+		
City (5) Old Bridge	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/6/18		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" 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 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 ≥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 Fittings	35 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 Rib Packing	50 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"/>	Breeching	250 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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 16 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/6/18	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / g</i>		Date 5/22/18

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

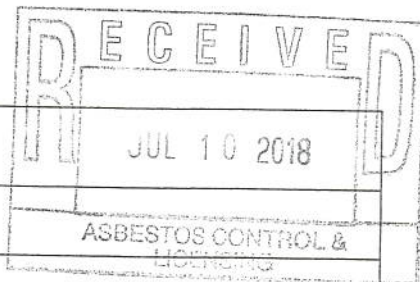
CHK # 3398

Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) Cape Regional Medical Center		<div>RECEIVED</div> <div>JUL 10 2018</div> <div>ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-7/6/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2 Stone Harbor Blvd			
						City, State, Zip Code Cape May Court House, NJ 08210			
		Name of Contact John Sloan		Telephone Number 609-463-2273					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2 Stone Harbor Blvd			Square Feet						
City (5) Cape May Court House			# of Floors						
County (6) Cape May			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 400 Street Road		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Bensalem, PA 19020		Telephone No. 215-244-1300		License No. 00509					
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-788-6040		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Start Date (10) 7 / 9 / 18		Scheduled Completion Date (11) 7 / 10 / 18		Street Address 1123 BEAVER STREET					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-8:00PM/ PM- AM		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
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 3 Cu Yd		Name of Registered Landfill Minerva Landfill			
City, State NEW CASTLE, DE 19720		Disposal Date 7/10/18		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni		Date 7-6-18			

ASB-41
MAY 11 GI18061

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

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



Date of Notification (1) <u>5</u> / <u>7</u> / <u>18</u>		Name of Building Owner/Operator (2) Cape Regional Medical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-5/21/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Stone Harbor Blvd	
		City, State, Zip Code Cape May Court House, NJ 08210	
		Name of Contact John Sloan	Telephone Number 609-463-2273

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2 Stone Harbor Blvd		Square Feet	# of Floors
City (5) Cape May Court House		Bldg. Age	
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 400 Street Road		Street Address 1123 BEAVER STREET		
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) ON HOLD	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / 11:00 PM - 7:00 AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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) <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
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State NEW CASTLE, DE 19720		Disposal Date 5/23/18	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 5-21-18		

ASB-41
MAY 11 **GI 18061**

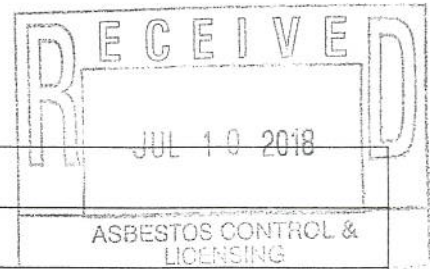
* Do not use this form for asbestos licensure exempted activities.

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

Chk # 3359

Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) Cape Regional Medical Center							
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 2 Stone Harbor Blvd							
		City, State, Zip Code Cape May Court House, NJ 08210							
		Name of Contact John Sloan	Telephone Number 609-463-2273						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2 Stone Harbor Blvd									
City (5) Cape May Court House		Square Feet	# of Floors Bldg. Age						
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 400 Street Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 215-788-6040 License No. 00509						
Start Date (10) 5 / 21 / 18	Scheduled Completion Date (11) 5 / 23 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/11:00PM-7:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> 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
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date 5/23/18		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni			Date 5-7-18		

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



Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-7/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 50 North Road	
		City, State & Zip Code Chester, NJ 07930	
		Name of Contact Drew Vanderzee	Telephone Number 908-879-7373

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dickerson Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 250 State Route 24			Square Feet # of Floors Bldg. Age		
City (5) Chester	County (6) Morris	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 Rick 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 checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7am to 3pm <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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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"/>	Wrap and Cut of 2 Boilers	250 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 20 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/6/18		City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/6/18

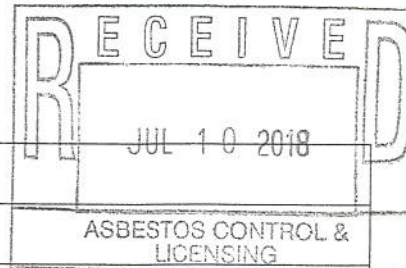
GI18110B

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

Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District		<div style="position: relative; height: 100px;"> Check #3375 <div style="border: 1px solid black; padding: 5px; width: 100%;"> RECEIVED JUL 10 2018 </div> </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	50 North Road City, State & Zip Code Chester, NJ 07930 Name of Contact Drew Vanderzee							
		Telephone Number 908-879-7373							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dickerson Elementary School			Type of Facility (4)						
Street Address 250 State Route 24			<input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Chester	County (6) Morris	County Code (7)	Square Feet	# of Floors	Bldg. Age				
			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 Rick Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 7/5/18	Scheduled Completion Date (11) 7/6/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7am to 3pm <input type="checkbox"/> Facility Occupied During Abatement			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 ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut of 2 Boilers	250 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 20 Cu YD	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/6/18	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gk</i>		Date 5/23/18				

GI18110 B

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



Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District	
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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-REV #2 - 7/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 50 North Road City, State & Zip Code Chester, NJ 07930	
		Name of Contact Drew Vanderzee	Telephone Number 908-879-7373

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dickerson 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 250 State Route 24			Square Feet # of Floors Bldg. Age		
City (5) Chester	County (6) Morris	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 Rick Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 6/25/18		Scheduled Completion Date (11) 7/7/18		Name of OSHA Monitor Bristol Environmental 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 Hours – Describe: 7am to 3pm <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)

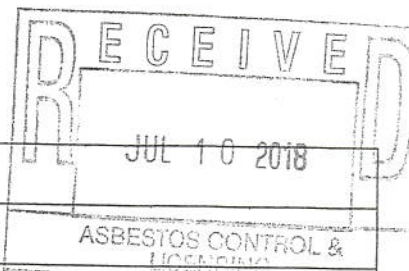
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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"/>	Tank Insulation	250 SF	<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 Flue	280 SF	<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"/>	Pipe Fitting Insulation	25 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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/3/18	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/6/18

GI18110

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



Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District	
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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-REV #1 - 7/3/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 50 North Road	
		City, State & Zip Code Chester, NJ 07930	
		Name of Contact Drew Vanderzee	Telephone Number 908-879-7373

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Dickerson 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 250 State Route 24		Square Feet	# of Floors
City (5) Chester	County (6) Morris	County Code (7)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Current Use (Prior if being demolished) School
Street Address 56 East Bridge Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Morrisville, PA 19067		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rick Beach		Telephone Number 267-991-9212	License Number 00509
Scheduled Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/16/18	Name of OSHA Monitor Bristol Environmental 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 Hours - Describe: 7am to 3pm <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 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 ≥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

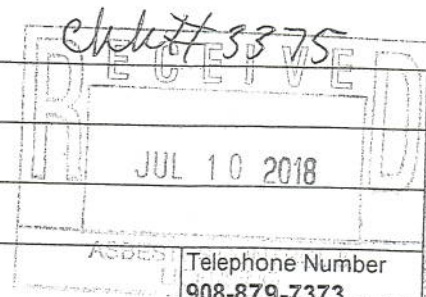
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	250 SF	<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 Flue	280 SF	<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"/>	Pipe Fitting Insulation	25 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 Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8 Cu YD	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/3/18	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 7/3/18

GT 18110

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

Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District	
Agencies Notified <input checked="" type="checkbox"/> EPA 9050 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9036 <input checked="" type="checkbox"/> DOH 9043 <input checked="" type="checkbox"/> DCA 9067	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 50 North Road City, State & Zip Code Chester, NJ 07930 Name of Contact Drew Vanderzee	
		Telephone Number 908-879-7373	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dickerson 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 250 State Route 24			Square Feet		
City (5) Chester		County (6) Morris	County Code (7)		# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			ASCM No.		
Street Address 56 East Bridge Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Morrisville, PA 19067			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Rick Beach			Telephone Number 267-991-9212		License Number 00509
Scheduled Start Date (10) 6/25/18		Scheduled Completion Date (11) 7/3/18		Name of OSHA Monitor Bristol Environmental 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 Hours – Describe: 7am to 3pm <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)

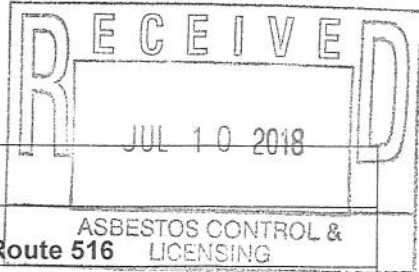
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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"/>	Tank Insulation	250 SF	<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 Flue	280 SF	<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"/>	Pipe Fitting Insulation	25 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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/3/18	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / JR</i>		Date 5/23/18

GI18110

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-REV #2-7/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number 732-360-4507	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandburg Middle School			Type of Facility (4) <input type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 3439 County Route 516			Square Feet 150,000		
City (5) Old Bridge			# of Floors 1		
County (6) Middlesex			Bldg. Age 60+		
County Code (7)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		
Telephone Number 609-392-4200			License Number 00509		
Scheduled Start Date (10) 7/2/18			Scheduled Completion Date (11) 7/13/18		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 1PM to 8:30 PM			Name of OSHA Monitor Bristol Environmental Inc.		
Street Address 1123 Beaver Street			Street Address 1123 Beaver Street		
City, State & Zip Code Bristol, PA 19007			City, State & Zip Code Bristol, PA 19007		

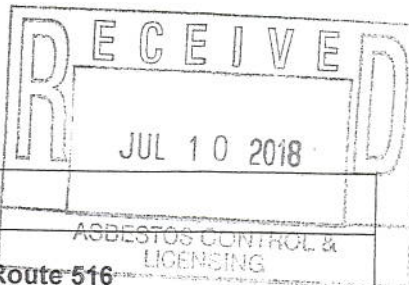
Scope of Work (Check all that apply)

<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 No 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib packing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room No 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 5 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/13/18	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/6/18

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-REV #1-6/4/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number 732-360-4507	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sandburg Middle School		Type of Facility (4) <input type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3439 County Route 516		Square Feet 150,000	# of Floors 1
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 7/2/18	Scheduled Completion Date (11) 7/13/18	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM		Street Address 1123 Beaver Street	
Scope of Work (Check all that apply)		City, State & Zip Code Bristol, PA 19007	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> 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) 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)
Boiler Room No 5	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Boiler Rib packing	25 LF
Boiler Room No 5	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pipe Fitting Insulation	20 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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 5 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/13/18	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 6/4/18

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

Chk # 3368

Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DECEIVE JUL 10 2018 </div>
<input checked="" type="checkbox"/> EPA 8978	<input checked="" type="checkbox"/> Initial	Patrick Torre Administration Bldg, County Route 516	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code Matawan, NJ 07747	
<input checked="" type="checkbox"/> DOL 8954	<input type="checkbox"/> Emergency	Name of Contact Mr. Frank Frazzitta	
<input checked="" type="checkbox"/> DOH 8967	<input type="checkbox"/> Cancellation	Telephone Number 732-360-4507	
<input checked="" type="checkbox"/> DCA 8985			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandburg Middle School			Type of Facility (4) <input type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Awn Street			Square Feet 35,000		
City (5) Old Bridge	County (6) Middlesex	County Code (7)	# of Floors 1	Bldg. Age 60+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) 7/2/18		Scheduled Completion Date (11) 7/13/18		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM			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 |

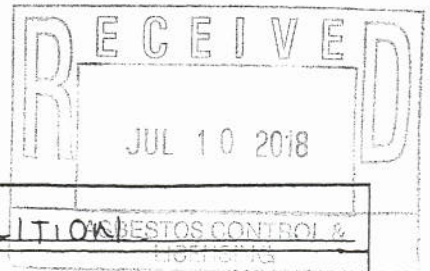
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room No 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib packing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room No 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 5 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/13/18	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/22/18

CK #4575

PAID

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



Date of Notification (1) <u>7-6-18</u>		Name of Building Owner/Operator (2) <u>HARGROVE DEMOLITION</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1507 STATE ST</u>							
		City, State, Zip Code <u>CAMDEN N.J. 08105</u>							
		Name of Contact <u>BILL</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>[REDACTED]</u>									
City (5) <u>SEWELL</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>						
County (6) <u>GLoucester</u>		Bldg. Age <u>50</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J.</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>						
Start Date (10) <u>7-16-18</u>	Scheduled Completion Date (11) <u>7-23-18</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>TULLY TOWN PA.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>7-6-18</u>				

PAID

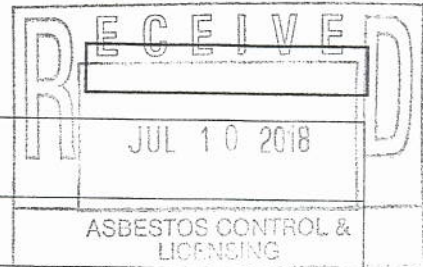
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check
10431

Date of Notification (1) 7-6-18		Name of Building Owner/Operator (2) Belle Mead Hot Glass		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 10 2018 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 884 Route 206			
		City, State, Zip Code Hillsborough NJ 08844							
		Name of Contact Robert Küster		Telephone Number 908 672-6467					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Belle Mead Hot Glass				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 884 Route 206									
City (5) Hillsborough NJ 08844				Square Feet	# of Floors 1				
County (6) Somerset				County Code (7) (STATE USE ONLY)	Bldg. Age 60+-				
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies				ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc				
Street Address P.O. Box 337				Street Address P.O. Box 337					
City, State, Zip Code New Egypt, NJ 08533				City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker				Telephone No. 609 758-3365	License No. 00394				
Start Date (10) 7-17-18		Scheduled Completion Date (11) 8-3-18		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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof above Fire Kilns		X		Rollled Roofing	1200 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date by 8-3-18		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-6-18			

Check#3101

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 5:16)



Date of Notification (1) 07 / 07 / 18		Name of Building Owner/Operator (2) Brian Manna		ASBESTOS CONTROL & LICENSING					
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 Wharton, NJ 07885		Telephone Number [REDACTED]					
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) Wharton, NJ 07885			County Code (7) (STATE USE ONLY)						
County (6) Morris			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		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. 01127					
Start Date (10) 07 / 17 / 18		Scheduled Completion Date (11) 07 / 18 / 18		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						
			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 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	85 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 07/07/18			

ASB-41

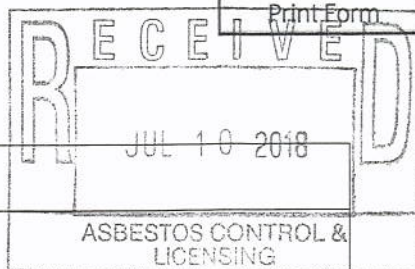
MAY 11

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

CH3211

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

Print Form



Date of Notification (1) 7/3/2018 Check #3211		Name of Building Owner/Operator (2) Margaret Mattaliano Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Mrs. Mattaliano	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence of Mrs. Margaret Mattaliano		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) Parsippany		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) EA Services Corporation							
City, State, Zip Code		Street Address 426 69th Street							
Project Manager for Monitoring Firm		City, State, Zip Code Guttenberg, NJ 07093							
Telephone No. _____		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 7/6/2018	Scheduled Completion Date (11) 7/7/2018	Name of OSHA Monitor Same as 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: 12		Street Address							
		City, State, Zip Code							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		Floor tile LInoleum	80 SF	x			
Name of Registered Waste Hauler Tr=State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager	Signature 			Date 7/3/2018			

CH40633

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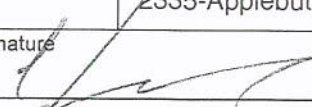
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 0 9 0 9 1 5			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)			RECEIVED JUL 10 2018 ASBESTOS CONTROL & LICENSING		
Agencies Notified USEPA X DEP X DCA/DOL X DOH X			Type of Notification Initial Notification Amended Cancellation					
			City, State, Zip Code CINCINNATI, OHIO 45202			Name of Contact Tia Wenrich		
			Telephone Number 513-579-7667					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place MACY'S - WILLOWBROOK MALL						Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 100 ROUTE 46						SF of Bldg. 1 MILLION +S		
City WAYNE		County BERGEN		County Code State use Only		# Floor 3		
						Age of Bldg. 50+		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSCIATES INC						Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 515 GROVE STREET SUITE 1B						Street Address 2150 STANLEY TERRACE		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035						City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED						Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 7 16 2018			Scheduled Completion Date 7 25 2018			Name of OSHA Monitor EMSL ANALYTICAL		
Month Day Year			Month Day Year			Street Address 307 WEST 38TH STREET		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 7:00AM Other - Describe:						City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation						Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure		
Location of ACM Facility 2nd Floor Bathroom Corridor			Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed VAT		Amount to be Removed (Specify SF/LF) 160SF	
							Abatement Type Rer Rep End Encl. X	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY			Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) ANITA SMOLAR			Title GENERAL MANAGER		Signature Anita Smolar		Date 7/6/2018	

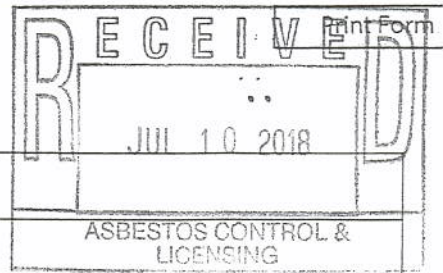
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

#0359

Date of Notification (1) 7/2/18		Name of Building Owner/Operator (2) American Landmark Dev		RECEIVED JUL 10 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified <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		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 1317-North Ave.		City, State, Zip Code Elizabeth, NJ 07208		Name of Contact Steven Munoz					
Telephone Number 888-469-2900									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 980-Stuyvesant Ave.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 980-Stuyvesant Ave.									
City (5) Union			Square Feet 5550Ssqf,	# of Floors 1	Bldg. Age +50				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environment LLC.						
Street Address		Street Address 339-Lafayette Street							
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-491-0877	License No. 01240					
Start Date (10) 7-16-18		Scheduled Completion Date (11) 8-16-18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Basement		x		Floor tile	5100Ssqf.	x			
Roof		x		Roof	5550Ssqf.	x			
Roof		x		Roof flashing	600Ssqf.	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill				
City, State Po Box 5670, Newark, NJ 07105				Disposal Date	City, State 2335-Applebutter Rd. Bethlehem, PA				
Completed by Carlos Gomes		Title President		Signature 		Date 7-2-18			

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

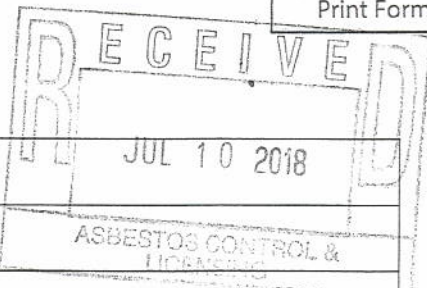


Date of Notification (1) 7/13/18		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD						
		City, State, Zip Code						
		SOUTH PLAINFIELD, NJ 07080						
		Name of Contact	Telephone Number					
		JOHN SHUBERT	740-236-0537					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE+G		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.)						
95 Willow ST.								
City (5)	Square Feet	# of Floors	Bldg. Age					
EAST RUTHERFORD	Appx 600	1	75 YRS.					
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
BERGEN		Switch Station						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No.	Name of Abatement Contractor (9)					
		0045	UNIQUE SYSTEMS OF AMERICA INC					
Street Address		Street Address						
64 BROAD STREET		396 WHITEHEAD AVE.						
City, State, Zip Code		City, State, Zip Code						
MATAWAN, NJ 07747		SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.					
TOM GEIGER		732-290-2217	732-432-8350					
Start Date (10)		Scheduled Completion Date (11)	License No.					
7/10/18		7/11/18	01111					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary workers only		UNIQUE SYSTEMS OF AMERICA INC.						
		Street Address						
		396 WHITEHEAD AVE.						
		City, State, Zip Code						
		SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
CONTROL House		X		50 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
VEOLIA		080631369	Appx 3	FAIRLESS				
City, State		Disposal Date		City, State				
FLANDERS, NJ		T.B.D		MORRISVILLE, PA				
Completed by		Title	Signature	Date				
CAROL RAIMO		OFFICE MGR.	Carol Raimo	7/3/18				

CK # 9046

Print Form

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



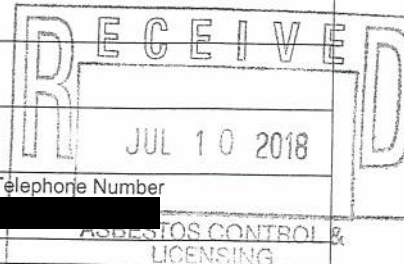
Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
Name of Contact JOHN SHUBERT		Telephone Number 740-236-0537						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE+G		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 95 WILLOW ST.		City (5) EAST RUTHERFORD						
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Square Feet APX 600					
		# of Floors 1	Bldg. Age 75 YRS.					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		Current Use (Prior if being demolished) SWITCH STATION						
ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350					
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.						
Start Date (10) 7/10/18	Scheduled Completion Date (11) 7/11/18							
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: necessary workers only		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
CONTROL HOUSE		X		TRANSITE FLOOR BOARDS 50 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APX 3	Name of Registered Landfill FAIRLESS				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 6/28/18		

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Print Form

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

Check 17815



Date of Notification (1) 7/6/18		Name of Building Owner/Operator (2) Robert Marczi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Robert	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Cranford		Square Feet 2300	# of Floors 2						
County (6) Union		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
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. 703	License No. 973-764-2276						
Start Date (10) 7/17/18	Scheduled Completion Date (11) 7/30/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
basement			x	pipe insulation	75 LF	x			
"			x	floor tile	600 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 7/5/18			

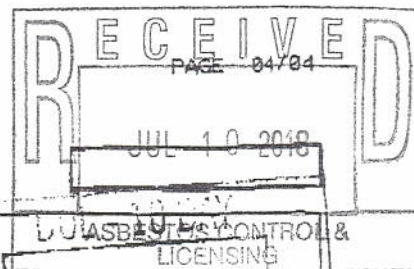
EMERGENCY
CK1546

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

RECEIVED
Print Form
JUL 10 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/7/2018		Name of Building Owner/Operator (2) Pei Yi Zhang							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087							
		Name of Contact Pei Yi (Peggy) Zhang	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Union City		Square Feet 2000 sq ft	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age unknown						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Single-Family							
Street Address		Name of Abatement Contractor (9) Schaffer Demo & Environmental Services LLC							
City, State, Zip Code		Street Address 6207 Hudson Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code West New York, NJ 07093							
Telephone No.		Telephone No. 201-304-3820	License No. 01354						
Start Date (10) 6/8/2018	Scheduled Completion Date (11) 6/11/2018	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 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
Siding		X			500 SF	X			
Pipe Insulation		X			5 LF	X			
Drywall		X			300 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill					
City, State Riverdale, NJ		Disposal Date 6/13/2018		City, State MorganTown, PA					
Completed by Dean Schaffer		Title Project Manager		Signature 		Date 6/7/2018			

07/05/2018 08:04AM 9736381773

PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

Ch 3097

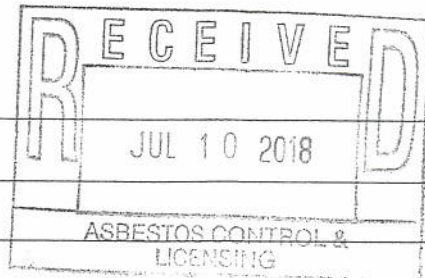
Check#3097

Date of Notification (1) 07 / 05 / 18		Name of Building Owner/Operator (2) Heather Holder							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Heather Holder							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Ridgewood, NJ 07450 County (6) Bergen		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 and commercial buildings, homes, etc.) Square Foot # of Floors Bldg. Age							
County Code (7) (STATE USE ONLY) Bergen		Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultant, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 07 / 06 / 18		Scheduled Completion Date (11) 07 / 07 / 18							
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 Consultant, 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 ft <input type="checkbox"/> > 160 sf or > 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> 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
Second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	18 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 City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R. F. Inc. City, State Tullytown, PA				
Completed By (Print or Type) N.Jevtic		Title Owner		Signature [Signature]		Date 07/05/18			

ASB-41
MAY 11

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

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



Date of Notification (1) 7-6-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address 2201 Chapel Hill Campus	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Cherry Hill, NJ 08002	
		Name of Contact Mr. Jimmy Huynh	Telephone Number 856-488-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson University Hospital-Phase 2 Respiratory Hallway			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 2201 Chapel Hill Campus			Square Feet 250,000		
City (5) Cherry Hill, NJ		County (6) Camden	County Code (7)	# of Floors 2	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, PA, 19020			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 215-244-1300		License Number 01185
Scheduled Start Date (10) 07-20-2018		Scheduled Completion Date (11) 08-03-2018		Name of OSHA Monitor J&S Environmental Laboratories, 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: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Phase 2 Respiratory Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	18 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 07/06/2018

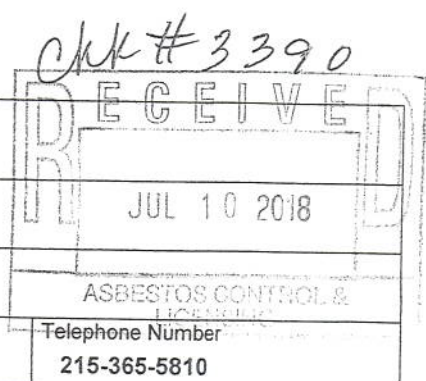
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 5:16)

PAID

CHK # 3397

Date of Notification (1) 6 / 20 / 18		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 10 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 7/5/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 160 Newark Pompton Turnpike City, State, Zip Code Wayne, NJ 07470 Name of Contact Chris Pierce			
Telephone Number 215-365-5810									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Mountain View Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 160 Newark Pompton Turnpike				Square Feet 25,425					
City (5) Wayne				# of Floors 2					
County (6) Passaic				Bldg. Age +50					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
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. 215-365-5810		License No. 00509					
Start Date (10) 7 / 6 / 18		Scheduled Completion Date (11) 7 / 9 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Tank Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 NEW CASTLE, DE				Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro /gh		Date 7-5-18			

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



Date of Notification (1) 6 / 20 / 18		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 9647 <input checked="" type="checkbox"/> DOH 9654 <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 160 Newark Pompton Turnpike	
		City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Chris Pierce	Telephone Number 215-365-5810

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Mountain View Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 160 Newark Pompton Turnpike		Square Feet 25,425	
City (5) Wayne		# of Floors 2	Bldg. Age +50
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
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. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 7 / 5 / 18	Scheduled Completion Date (11) 7 / 11 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-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 |

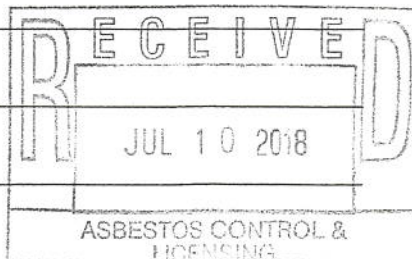
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Tank Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / JK		Date 6-20-18	

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

PAID Date of Notification (1) 7/6/2018		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)	
		Name of Building Owner/Operator (2) Michelle Longo	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Belleville, NJ, 07109 Name of Contact Michelle Longo Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Michelle Longo			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 Bldg. Age		
City (5) Belleville	County (6) Essex Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address [REDACTED]			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 07 - 21 - 18 Month Day Year		Sched. Completion Date (11) 07 - 23 - 18 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u><OffHours Descript></u> <input type="checkbox"/> Other - Describe: <u><Other Occupancy Descript></u>					
Street Address [REDACTED]					
City, State, Zip Code					

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-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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	E
Basement			X	Pipe Insulation	160 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri-State	
City, State Montclair, NJ 07042		Disposal Date 07/24/18		City, State Bronx, NJ, 10474	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 	
				Date 7/6/2018	

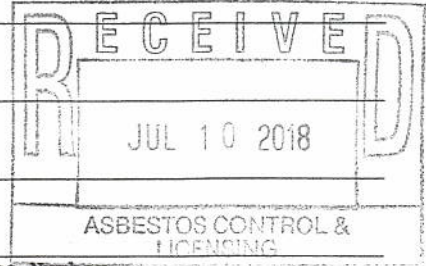
PAID

State of New Jersey

Check # 16308

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

Date of Notification (1) 7/6/2018		Name of Building Owner/Operator (2) Kelly Kozlowski	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Rockaway, NJ, 07866	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kelly Kozlowski	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number (973) 525-6271	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



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 17 Woodstone Road			Square Feet	# of Floors	Bldg. Age
City (5) Rockaway	County (6) Essex Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 07 - 26 - 18 Month Day Year		Sched. Completion Date (11) 07 - 28 - 18 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

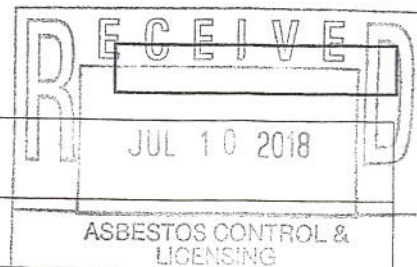
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf☒ Renovation
☐ Demolition☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe insulation	70 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Tri-State	
City, State Montclair, NJ 07042		Disposal Date 07/30/18	City, State Bronx, NY, 10474		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 7/6/2018		

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



Check#3100

Date of Notification (1) 07 / 06 / 18		Name of Building Owner/Operator (2) Susan Lib	
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 Basking Ridge, NJ 07920	
		Name of Contact Susan Lib	Telephone Number [REDACTED]

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]			
City (5) Basking Ridge, NJ 07920		Square Feet	# of Floors
County (6) Somerset		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) 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.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 15 / 18	Scheduled Completion Date (11) 07 / 16 / 18	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		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> ≥ 160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<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
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 07/06/18	

CH1464

PAID

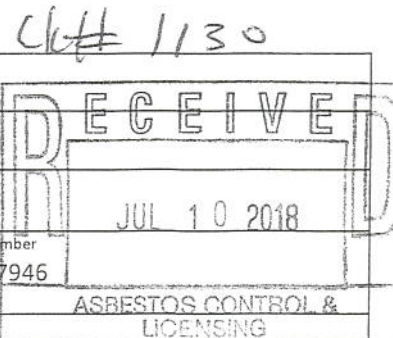
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED	1464
JUL 10 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) July 06, 2018		Name of Building Owner/Operator (2) Fayen 4 Urban Renewal LLC							
Agencies Notified	Type Notification	Street Address 40 Woolsey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ 07111-4012							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager	Telephone Number 973-234-7026						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building Street Address 16-22 Woolsey City (5) Irvington County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) empty							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc Street Address 28 North Pennell Road City, State, Zip Code Media, PA 19063		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Ron Khachadourian		Telephone No. (800) 969-6AET	License No. 00781						
Start Date (10) 7/23/18	Scheduled Completion Date (11) 8/31/18	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>			roofing & flashing	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting City, State Newark, NJ		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS / TRRF Landfill City, State Tullytown, PA					
Completed by Michael Cooper		Title President	Signature 	Date 7/6/18					

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



Date of Notification (1) 7/5/18		Name of Building Owner/Operator (2) Elmwood Park Board of Education							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUL 10 2018 ASBESTOS CONTROL & LICENSING </div>						
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	60 East 53rd Street							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code Elmwood Park, NJ 07407							
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact David Trinidad c/o Accurate Construction							
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number 973-417-7946							
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elmwood Park Memorial High 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 375 River Drive									
City (5) Elmwood Park, NJ		Square Feet 140,000+	# of Floors 2+ Bldg. Age 60+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Remediation Management, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 20-10 Maple Avenue, Bldg 35E		Street Address 32 Willow Way							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager from Monitoring Firm Guillermo Morales		Telephone No. 973-949-3525	Telephone No. 973-333-9176 License No. 01331						
Start Date (10) 7/6/18	Scheduled Completion Date (11) 7/8/18	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Fri, Sat, Sun</u>		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"/> ≥ 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"/> Wrap & Cut <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
Various Bathrooms		X		Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Hills Landfill					
City, State Woodland Park, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager	Signature 	Date 7/5/18					

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



Date of Notification (1) <div style="text-align: center;">6 / 1 / 18</div>		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # Rev #2-7/5/18 <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd.	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.			
City (5) Ewing	Square Feet 66,000	# of Floors 2	Bldg. Age 88
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	License No. 00509
Start Date (10) <div style="text-align: center;">7 / 5 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 31 / 18</div>	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: <u> </u> AM - <u> </u> PM / 7:00 PM - 7:00 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

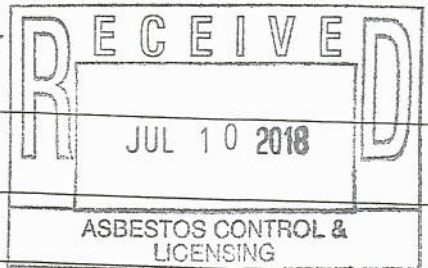
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 7-5-18	

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



Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # Rev #1-6/15/18 <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2						
City (5) Ewing		Bldg. Age 88							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040						
Start Date (10) <u>ON / Hold</u>		Scheduled Completion Date (11) ____ / ____ / ____	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: ____AM-____PM 7:00PM-7:00AM		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"/> 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro/gu</i>	Date 6-15-18						

ASB-41
MAY 11 **BS18041-58**

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

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

CL # 3378



Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA 0133 <input checked="" type="checkbox"/> DOLWD 0256 <input checked="" type="checkbox"/> DHSS 0171 <input checked="" type="checkbox"/> DCA 0164 (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 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628
			Name of Contact Amanda Radosti Telephone Number 609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2
City (5) Ewing		Bldg. Age 88	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET		
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 18 / 18	Scheduled Completion Date (11) 7 / 19 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <u>7:00PM-7:00AM</u>		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

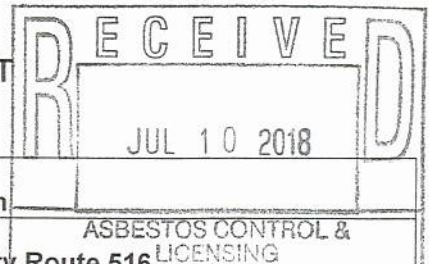
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 6/1/18	

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-7/5/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516	
		City, State & Zip Code Matawan, NJ 07747	
		Name of Contact Mr. Frank Frazzitta	Telephone Number 732-360-4507

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) McDivitt 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 1 Manny Martin Way			Square Feet 50000		
City (5) Old Bridge			County (6) Middlesex		County Code (7)
			# of Floors 1		
			Bldg. Age 40+		
			Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509

Scheduled Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/9/18	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 3pm to 11:30pm Describe: <input checked="" 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 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 ≥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 Fittings	35 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 Rib Packing	50 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"/>	Breeching	250 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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 16 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/9/18	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gm</i>		Date 7/5/18

CT 18088

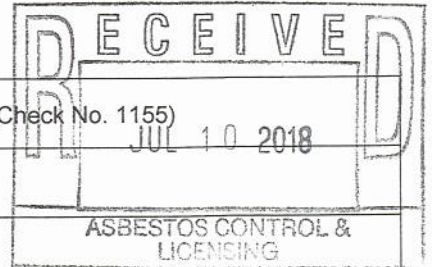
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

chk # 3366

Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Old Bridge Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA 8978 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8954 <input checked="" type="checkbox"/> DOH 8961 <input checked="" type="checkbox"/> DCA 8985		<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 10 2018 </div> Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address Patrick Torre Administration Bldg, County Route 516		City, State & Zip Code Matawan, NJ 07747							
Name of Contact Mr. Frank Frazzitta		Telephone Number 732-360-4507							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McDivitt 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 1 Manny Martin Way		Square Feet: 50000 # of Floors: 1 Bldg. Age: 40+ Current Use (Prior if being demolished): School							
City (5) Old Bridge	County (6) Middlesex	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) 6/25/18		Scheduled Completion Date (11) 7/6/18	Telephone Number (215)788-6040						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		License Number 00509							
Name of OSHA Monitor Bristol Environmental Inc.		Street Address 1123 Beaver Street							
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 ≥260 lf <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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 Fittings	35 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 Rib Packing	50 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"/>	Breeching	250 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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 16 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/6/18	City, State Waynesburg, Ohio						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gk</i>				Date 5/22/18		

no ck

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



Date of Notification (1) 07/06/2018		Name of Building Owner/Operator (2) 395-403 University Avenue, LLC.		(Check No. 1155)
Agencies Notified	Type Notification	Street Address 500 Avenue P		ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, New Jersey 07105-4802		
		Name of Contact Joe Thor	Telephone Number 973-589-5931	

FACILITY INFORMATION

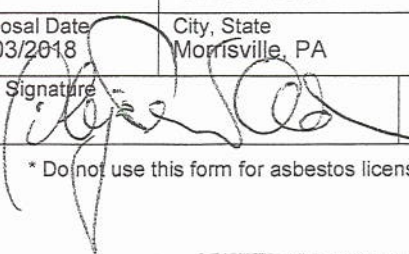
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)	
Street Address 403 University Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newark, New Jersey 07028		Square Feet 10,000	# of Floors 2
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 26 Columbia Tpk 2 nd floor		Street Address 606 McBride Ave	
City, State, Zip Code Florham Park, New Jersey 07724		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	License No. 01104
Start Date (10) 07/16/2018	Scheduled Completion Date (11) 08/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

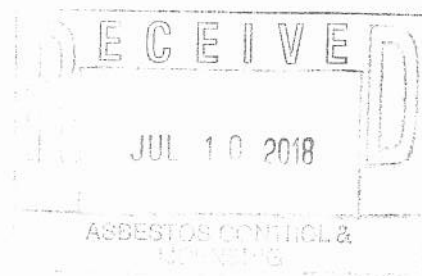
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Day Care and Adjacent Stair Space Leading to Basement		X		Layer Wall Plaster brown scratch/white finish coats	2,760 SF	X			
Former Day Care bathrooms #1, #2, and 3		X		Joint Compound and Associated Gypsum Board	280 SF	X			
Former Day Care		X		Asbestos-Containing Interior/Exterior Window Glazing	4 (ea)	X			
Former Day Care Bathroom 1, 2, and 3		X		Ceramic Floor Tile Mastic and Tile	182 SF	X			
Former Day Care Plenum Space		X		Asbestos-Containing Corrugated (Aircell) Pipe Insulation	80 FL	X			
Former Day Care Plenum Space		X		Asbestos-Containing Pipe Tar at Joints (black)	12 (unit)	X			

Former Day Care Plenum Space		X	Asbestos-Containing All Service Jacket (ASJ) to Fiberglass Insulated Pipe(s)	130 LF	X				
Former Day Care Plenum Space		X	Asbestos-Containing (black) Pipe Dope to Threaded Couplers	20 (unit)	X				
1 st Floor Main Hallway		X	Ceramic Floor Tile (grey) Mastic and Associated Tile	252 SF	X				
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation within Refrigeration Units	2 (unit)	X				
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation within Commercial Stove Unit	1 (unit)	X				
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation to Overhead Exhaust Hood	1 (unit)	X				
1 st Floor Electrical Room		X	Assumed Asbestos-Containing Electrical Panel Insulation	3 (unit)	X				
1 st Floor Electrical Room		X	Assumed Asbestos-Containing Gasket Material to Utility Meter	1 (unit)	X				
2 nd Floor Main Storage Area		X	Asbestos-Containing 12" x 12" (brown) Vinyl Asbestos Tile (VAT)	1,330 SF	X				
2 nd Floor Bathroom #4		X	Asbestos-Containing Ceramic Floor Tile Mastic (grey) and Associated	25 SF	X				
2 nd Floor (elevated) Electrical Room		X	Asbestos-Containing Tar (black) to Flue Pipe	3 SF	X				
2 nd Floor (elevated) Dark Room		X	Asbestos-Containing Decorative Sheet Linoleum Flooring	162 SF	X				
2 nd Floor Common Space Limits (older construction)		X	Asbestos-Containing Multi-Layer Ceiling Plaster (brown scratch and white finish coats)	1200 SF	X				
2 nd Floor Common Room #1		X	Mastic-Wood Paneling and Asbestos-Contaminated Wood Panels	575 SF	X				
2 nd Floor Common Room #1		X	Multi-Layer Wall/Column Plaster brown scratch and white finish coats	2,094 SF	X				
2 nd Floor Kitchen #2		X	Asbestos-Containing 12" x 12" (beige) VAT and Mastic	25 SF	X				
2 nd Floor Kitchen #2		X	Asbestos-Containing (black) Sink Undercoat	1 (unit)	X				
2 nd Floor Common Space Plenum Limits		X	Corrugated (Aircell) Pipe Insulation and Associated Mudded Joints	200 LF	X				
2 nd Floor Bathroom #8		X	Asbestos-Containing Multi-Layered VAT/Linoleum and Associated Mastic	37 SF	X				
Lower Roof Limits		X	Roofing Components/Materials roofing materials are considered asbestos	1,500 SF	X				
Lower Roof		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 (unit)	X				
Upper Roof (adjacent to Arlington Avenue)		X	Asbestos-Containing Roofing Components/Materials	2,100 SF	X				
Upper Roof (adjacent to Arlington Avenue)		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 (unit)	X				
Upper Roof (adjacent to University Avenue)		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 SF	X				
Upper Roof (adjacent to University Avenue)		X	Asbestos-Containing Vent Tar	18 SF	X				
Exterior Elevation "A"		X	Asbestos-Containing (white) Door Frame Caulk	30 LF	X				

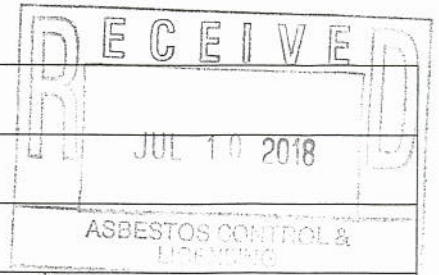
Exterior Elevation "D"		X	Asbestos-Containing Tar (black) to Retention Wall	20 SF	X			
Project Limits		X	Braided Electrical Wire Insulation (various gauge and color)	3,000 LF	X			
Exterior Elevation "D"		X	Assumed Asbestos-Containing (elevated) Repair Tar (black)	3 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Lilich Corporation		18724		80	Fairless Landfill			
City, State				Disposal Date	City, State			
Woodland Park, New Jersey				08/03/2018	Morrisville, PA			
Completed by		Title		Signature	Date			
Adriana Olejarova		President			07/06/2018			

ASB-41 (R-06-08)

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

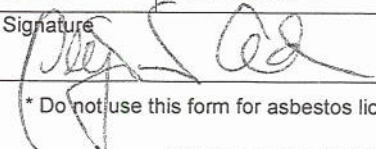


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



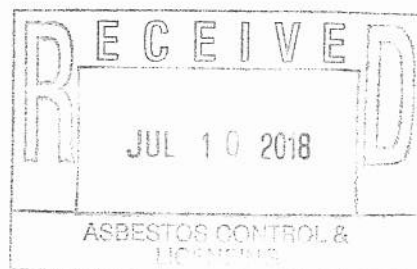
Date of Notification (1) 06/29/2018		Name of Building Owner/Operator (2) PSE&G Check No. 1155							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment #____ Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Eagle Rock Avenue suite 125							
		City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Michelle Butler	Telephone Number 908-4127608						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 403 University Avenue		Square Feet 10,000	# of Floors 2 Bldg. Age 50+						
City (5) Newark, New Jersey 07028		Current Use (Prior if being demolished) Commercial Building							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) Lilich Corporation							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No. _____							
Street Address 26 Columbia Tpk 2 nd floor		Street Address 606 McBride Ave							
City, State, Zip Code Florham Park, New Jersey 07724		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	License No. 01104						
Start Date (10) 07/16/2018	Scheduled Completion Date (11) 08/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </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
Former Day Care and Adjacent Stair Space Leading to Basement		X		Layer Wall Plaster brown scratch/white finish coats	2,760 SF	X			
Former Day Care bathrooms #1, #2, and 3		X		Joint Compound and Associated Gypsum Board	280 SF	X			
Former Day Care		X		Asbestos-Containing Interior/Exterior Window Glazing	4 (ea)	X			
Former Day Care Bathroom 1, 2, and 3		X		Ceramic Floor Tile Mastic and Tile	182 SF	X			
Former Day Care Plenum Space		X		Asbestos-Containing Corrugated (Aircell) Pipe Insulation	80 FL	X			
Former Day Care Plenum Space		X		Asbestos-Containing Pipe Tar at Joints (black)	12 (unit)	X			

Former Day Care Plenum Space		X	Asbestos-Containing All Service Jacket (ASJ) to Fiberglass Insulated Pipe(s)	130 LF	X			
Former Day Care Plenum Space		X	Asbestos-Containing (black) Pipe Dope to Threaded Couplers	20 (unit)	X			
1 st Floor Main Hallway		X	Ceramic Floor Tile (grey) Mastic and Associated Tile	252 SF	X			
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation within Refrigeration Units	2 (unit)	X			
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation within Commercial Stove Unit	1 (unit)	X			
1 st Floor Kitchen #1		X	Assumed Asbestos-Containing Insulation to Overhead Exhaust Hood	1 (unit)	X			
1 st Floor Electrical Room		X	Assumed Asbestos-Containing Electrical Panel Insulation	3 (unit)	X			
1 st Floor Electrical Room		X	Assumed Asbestos-Containing Gasket Material to Utility Meter	1 (unit)	X			
2 nd Floor Main Storage Area		X	Asbestos-Containing 12" x 12" (brown) Vinyl Asbestos Tile (VAT)	1,330 SF	X			
2 nd Floor Bathroom #4		X	Asbestos-Containing Ceramic Floor Tile Mastic (grey) and Associated	25 SF	X			
2 nd Floor (elevated) Electrical Room		X	Asbestos-Containing Tar (black) to Flue Pipe	3 SF	X			
2 nd Floor (elevated) Dark Room		X	Asbestos-Containing Decorative Sheet Linoleum Flooring	162 SF	X			
2 nd Floor Common Space Limits (older construction)		X	Asbestos-Containing Multi-Layer Ceiling Plaster (brown scratch and white finish coats)	1200 SF	X			
2 nd Floor Common Room #1		X	Mastic-Wood Paneling and Asbestos-Contaminated Wood Panels	575 SF	X			
2 nd Floor Common Room #1		X	Multi-Layer Wall/Column Plaster brown scratch and white finish coats	2,094 SF	X			
2 nd Floor Kitchen #2		X	Asbestos-Containing 12" x 12" (beige) VAT and Mastic	25 SF	X			
2 nd Floor Kitchen #2		X	Asbestos-Containing (black) Sink Undercoat	1 (unit)	X			
2 nd Floor Common Space Plenum Limits		X	Corrugated (Aircell) Pipe Insulation and Associated Mudded Joints	200 LF	X			
2 nd Floor Bathroom #8		X	Asbestos-Containing Multi-Layered VAT/Linoleum and Associated Mastic	37 SF	X			
Lower Roof Limits		X	Roofing Components/Materials roofing materials are considered asbestos	1,500 SF	X			
Lower Roof		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 (unit)	X			
Upper Roof (adjacent to Arlington Avenue)		X	Asbestos-Containing Roofing Components/Materials	2,100 SF	X			
Upper Roof (adjacent to Arlington Avenue)		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 (unit)	X			
Upper Roof (adjacent to University Avenue)		X	Asbestos-Containing Pipe Dope to Gas Heating Unit	5 SF	X			
Upper Roof (adjacent to University Avenue)		X	Asbestos-Containing Vent Tar	18 SF	X			
Exterior Elevation "A"		X	Asbestos-Containing (white) Door Frame Caulk	30 LF	X			

Exterior Elevation "D"		X	Asbestos-Containing Tar (black) to Retention Wall	20 SF	X			
Project Limits		X	Braided Electrical Wire Insulation (various gauge and color)	3,000 LF	X			
Exterior Elevation "D"		X	Assumed Asbestos-Containing (elevated) Repair Tar (black)	3 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Lilich Corporation		18724		80	Fairless Landfill			
City, State				Disposal Date	City, State			
Woodland Park, New Jersey				08/03/2018	Morrisville, PA			
Completed by		Title		Signature	Date			
Adriana Olejarova		President			06/29/2018			

ASB-41 (R-06-08)

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



check# 3140

State of New Jersey - Notification of Asbestos Abatement

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

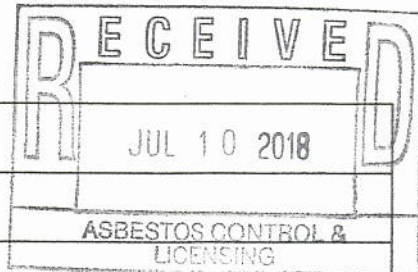
GAC 2018

PAID

Date of Notification (1) July 5, 2018		Name of Building Owner/Operator (2) DWIGHT PAUL	
Agencies Notified <input 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 Certification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code URBANA, OHIO 43078	
Name of Contact MR. DWIGHT PAUL		Telephone Number ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PAUL 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]		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) RINGOES	County (6) HUNTERDON	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. 0090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm JON GILBERT	Telephone Number 908-454-6316	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/16/2018	Scheduled Completion Date (11) 07/17/2018	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement SHIFT HOURS 8AM - 5PM (24 Hours as needed)		Street Address 20-21 WARGARAW ROAD	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE INSULATION	Amount (Specify SF or LF) 20 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 07/17/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date July 5, 2018

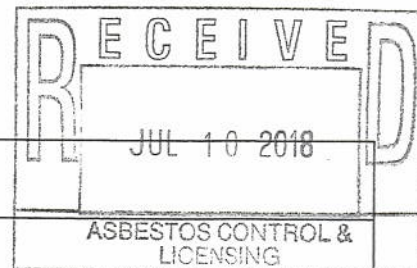
Copies To: Mr. Dwight Paul, Owner and RK O&E

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)



Date of Notification (1) 07-06-18		Name of Building Owner/Operator (2) Rubenstein Properties							
Agencies Notified	Type Notification	Street Address 101 East Main St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Dave Burkart	Telephone Number (973) 256-6644						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 35		Type of Facility (4)							
Street Address 20 Wagaraw Rd.		<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	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 07-07-18		Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor / Phase 2		X		Pipe Insulation	3200 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 07-24-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 07-06-18		

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



Date of Notification (1) 07 / 06 / 18		Name of Building Owner/Operator (2) Broadway Somerset							
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 1850 Easton Avenue							
		City, State, Zip Code Somerset, NJ 08873							
		Name of Contact Mike Padin	Telephone Number 201-448-5382						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1850 Easton Avenue									
City (5) Somerset		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 16 / 18	Scheduled Completion Date (11) 09 / 14 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM <input checked="" type="checkbox"/> Saturday		Street Address 27 Outwater Lane							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Ballroom Roof (Topside)- Roof Area East	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballroom Roof (Underside)- Roof Area East	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Plaster	5,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition to Rooms- Roof Area East	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	47 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof C Penetration Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ GROWS Landfill/ Fairless Landfill				
City, State Shirley, NY / Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik	Title Project Manager		Signature <i>Allen Monchik</i>			Date 7/6/18			

SHEET

1. *Staphylococcus aureus* (10⁸ CFU/g)

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 7/6/18
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PAID

Print Form

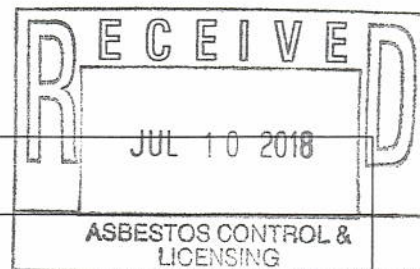
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25634

Date of Notification (1) 7/6/2018		Name of Building Owner/Operator (2) Tourville							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Jud Henderson	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Princeton, NJ 08540		Square Feet 3000	# of Floors 1						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address 64 Broad Street		Street Address PO Box 322							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732 290-2217	License No. 00493						
Start Date (10) 7/30/2018	Scheduled Completion Date (11) 8/15/2018	Name of OSHA Monitor MECS							
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 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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
Basement		X		Thermal Duct Insulation	100 lf	X			
				(Wrap & Cut)					
Basement		X		VAT	300 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 4 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501		Disposal Date 8/15/18		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 7/6/18			

CH 1225

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



Date of Notification (1) 07 / 06 / 18		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC							
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 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 908-670-5711						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1200 Randolph Road- Building 1									
City (5) Plainfield	Square Feet	# of Floors	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) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 19 / 18	Scheduled Completion Date (11) 10 / 19 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM <input checked="" type="checkbox"/> Saturday		Street Address 27 Outwater Lane							
		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input checked="" 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Elevator Lobbies/Floor 6 to Basement Patient Rooms & Corridors of Floors 4 & 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	37,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Cavities- Floor 6 to Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	7,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Electrical & Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbow Insulation	75 Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC/ Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/ 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises / GROWS Landfill/ Fairless Landfill				
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 7/6/18			

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

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 7/6/18
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