

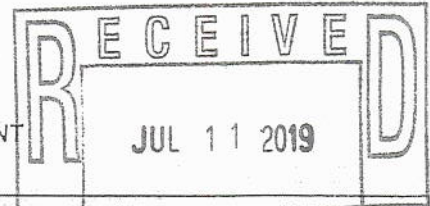
Inv-12084
Ch 230

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

RECEIVED
JUL 11 2019
ASBESTOS CONTROL & LICENSING

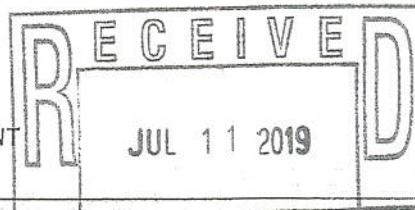
Date of Notification (1) July / 9 / 2019		Name of Building Owner/Operator (2) Jefferson Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 State Route 181 City, State, Zip Code Lake Hopatcong NJ 07849 Name of Contact Dora Zeno Telephone Number 973-663-5782							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1000 Weldona Road		Square Feet # of Floors Bldg. Age							
City (5) Oak Ridge		3 3							
County (6) Passaic		County Code (7) (STATE USE ONLY) School							
Name of Monitoring Firm (8) (Check only one) Sky Environmental		Name of Abatement Contractor (9) Polmax Corporation							
Street Address 140 Boulevard		Street Address 44 Koster Street Floor 2							
City, State, Zip Code Mountain Lakes NJ 07046		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821							
Start Date (10) June / 29 / 2019		Scheduled Completion Date (11) July / 12 / 2019							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Name of OSHA Monitor tbd							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address City, State, Zip Code							
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
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	10 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	10 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"/>
Name of Registered Waste Hauler Polmax Corporation		NJDEP Waste Hauler ID No. 0038275		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Wallington NJ		Disposal Date		City, State Morrisville PA 19057					
Completed By (Print or Type) Kielczewski Slawomir		Title President		Signature <i>Slawomir Kielczewski</i>		Date July 9, 2019			

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



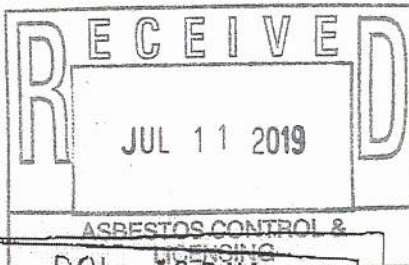
Date of Notification (1) July / 3 / 2019		Name of Building Owner/Operator (2) Jefferson Township Board of Education		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address 31 State Route 181		City, State, Zip Code Lake Hopatcong NJ 07849		Telephone Number 973-663-5782					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1000 Weldon Road				City (5) Oak Ridge					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm (8) (If not by owner) Sky Environmental		ASCM No.		Name of Abatement Contractor (9) Polmax Corporation					
Street Address 140 Boulevard		City, State, Zip Code Mountain Lakes NJ 07046		Street Address 44 Koster Street Floor 2					
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821		Telephone No. 973-809-1122					
License No. 01361		Start Date (10) July / 5 / 2019		Scheduled Completion Date (11) July / 8 / 2019					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM				Name of OSHA Monitor tbd					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom B-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	30 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	20 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"/>
Name of Registered Waste Hauler Polmax Corporation		NJDEP Waste Hauler ID No. 0038275		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Wallington NJ		Disposal Date		City, State Morrisville PA 19057					
Completed By (Print or Type) Kielczewski Slawomir		Title President		Signature <i>Slawomir Kielczewski</i>		Date July 3, 2019			

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



Date of Notification (1) July / 3 / 2019		Name of Building Owner/Operator (2) Jefferson Township Board of Education		ASBESTOS CONTROL & LICENSING					
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 Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 31 State Route 181 City, State, Zip Code Lake Hopatcong NJ 07849		Name of Contact Dora Zeno Telephone Number 973-663-5782					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1000 Weldona Road			Square Feet						
City (5) Oak Ridge			# of Floors 3		Bldg. Age				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm (8) (Not by Building Owner) Sky Environmental		ASCM No.		Name of Abatement Contractor (9) Polmax Corporation					
Street Address 140 Boulevard		Street Address 44 Koster Street Floor 2		City, State, Zip Code Wallington NJ 07057					
City, State, Zip Code Mountain Lakes NJ 07046		Telephone No. 973-588-4821		Telephone No. 973-809-1122					
Project Manager for Monitoring Firm Leonid Shereshevsky		License No. 01361		Name of OSHA Monitor tbd					
Start Date (10) July / 5 / 2019		Scheduled Completion Date (11) July / 8 / 2019		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Classroom B-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	30 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	20 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"/>
Name of Registered Waste Hauler Polmax Corporation		NJDEP Waste Hauler ID No. 0038275		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Wallington NJ		Disposal Date		City, State Morrisville PA 19057					
Completed By (Print or Type) Kielczewski Slawomir		Title President		Signature <i>Slawomir Kielczewski</i>		Date July 3, 2019			

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

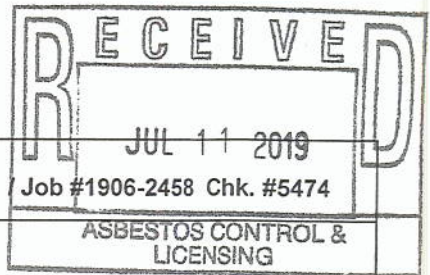


Date of Notification (1) July 1 2 2019		Name of Building Owner/Operator (2) Jefferson Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA (NJAC 8:23-9)	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 State Route 181	City, State, Zip Code Lake Hopatcong NJ 07849						
		Name of Contact Dora Zeno	Telephone Number 973-809-1122						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1000 Waldona Road		Square Feet	# of Floors 3						
City (5) Oak Ridge		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) School							
Name of Monitoring Firm Sky Environmental	ABCN No.	Name of Abatement Contractor (9) Polmax Corporation							
Street Address 140 Boulevard	City, State, Zip Code Mountain Lakes NJ 07046	Street Address 44 Kostar Street Floor 2	City, State, Zip Code Wallington NJ 07057						
Project Manager for Monitoring Firm Leonid Shereshevsky	Telephone No. 973-588-4821	Telephone No. 973-809-1122	License No. 01361						
Start Date (10) July 1 5 2019	Scheduled Completion Date (11) July 8 2019	Name of OSHA Monitor tbd							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 5 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Classroom B-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	30 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertops	1 cy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Polmax Corporation		N.J. DEP Waste Hauler ID No. 0038275	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Wallington NJ		Disposal Date		City, State Morrisville PA 19057					
Completed By (Print or Type) Kielczewski Sławomir		Title President		Signature <i>Sławomir Kielczewski</i>		Date July 2, 2019			

ASB-41
 JAN 13

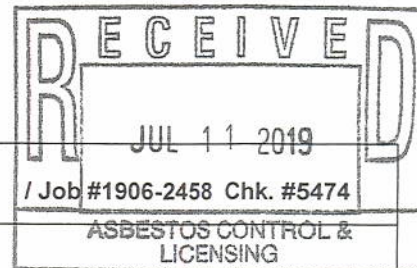
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 6 / 28 / 19		Name of Building Owner/Operator (2) North Hanover Township Schools		Job #1906-2458 Chk. #5474					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 331 Monmouth Road		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Wrightstown, NJ 08562							
		Name of Contact Rick Takakjy, Project Mgr - PW-Moss		Telephone Number 215-880-0035					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CB Lamb School		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 46 Schoolhouse Rd		Square Feet 36000		# of Floors 1	Bldg. Age 1960s				
City (5) Wrightstown		County (6) Burlington		County Code (7) (STATE USE ONLY) School					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 615 Prospect Avenue		City, State, Zip Code Morrisville, PA 19067		Street Address 3859 Sylon Boulevard					
Project Manager for Monitoring Firm Rick Beach		Telephone No. 267-991-9212		Telephone No. 609-702-0400					
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____		License No. 00862					
Occupancy Status During Abatement (Check only one) <input checked="" 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 4:00 PM PM 12:00 AM		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 U.S. Route 130 North					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classrooms 6-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	30-40 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed By (Print or Type) Kim Trumbetti		Title Coordinator		Signature 		Date 7-8-19			

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



Date of Notification (1) <u>6</u> / <u>28</u> / <u>19</u>		Name of Building Owner/Operator (2) North Hanover Township Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Monmouth Road	
		City, State, Zip Code Wrightstown, NJ 08562	
		Name of Contact Rick Takakjy, Project Mgr - PW Moss	Telephone Number 215-880-0035

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CB Lamb School		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 46 Schoolhouse Rd			
City (5) Wrightstown		Square Feet 36000	# of Floors 1
County (6) Burlington		County Code (7) (STATE USE ONLY)	Bldg. Age 1960s
		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) Asbestos and Mold Services, Corp.	
Street Address 615 Prospect Avenue		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Rick Beach	Telephone No. 267-991-9212	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) <u>7</u> / <u>8</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>10</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical, Inc.
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Occupancy Status During Abatement (Check only one) <input checked="" 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>possibly 1st shift</u> AM <u>4:00</u> PM / <u>12:00</u> AM		Street Address 200 U.S. Route 130 North
		City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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 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
Classrooms 6-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	30-40 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 7/11/19	City, State Penn Argyle, PA		
Completed By (Print or Type) Kim Trumbetti	Title Coordinator	Signature 	Date 7-3-19		

Inv-12690
CH5477

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

RECEIVED	
JUL 11 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 7 / 9 / 19		Name of Building Owner/Operator (2) Airport Investors, LP / Job #1906-2460 Chk. #5477	
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 484 Evesham Road #7 City, State, Zip Code Cherry Hill, NJ Name of Contact Jeffrey Hipple Telephone Number 856-428-5750	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Airport Plaza		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 7941 - 7953 Crescent Blvd		Square Feet 34725	
City (5) Pennsauken		# of Floors 1	Bldg. Age 50
County (6) Camden	County Code (7) (STATE USE ONLY) 08110	Current Use (Prior if being demolished) Commercial Property	

Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road, Suite 4-318		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 888-715-2211	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) 7 / 22 / 19	Scheduled Completion Date (11) 7 / 26 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

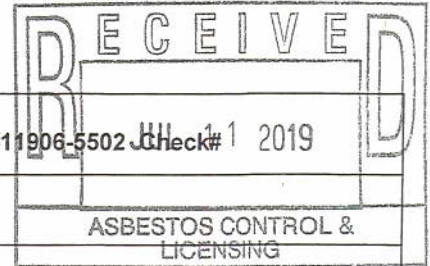
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment Negative Pressure Enclosure
<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
Space #7945, Unit 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	2,050 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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 7/26/19	City, State Penn Argyle, PA		
Completed By (Print or Type) Kaysi Gruner	Title Office Assistant	Signature 	Date 7-9-19		

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



Date of Notification (1) <u>7</u> / <u>8</u> / <u>19</u>		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1906-5502 Check# 1 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place	
		City, State, Zip Code New Brunswick, NJ 08901	
		Name of Contact Carl McDonald	Telephone Number 908-892-2758

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address One Robert Wood Johnson Place			
City (5) New Brunswick	Square Feet	# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>7</u> / <u>8</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>12</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

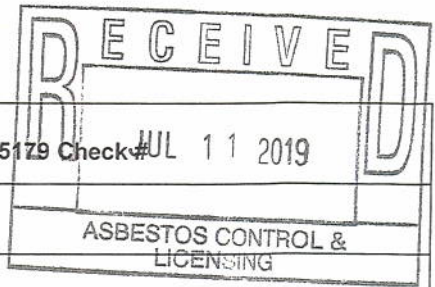
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
10 th Floor Penthouse Mechanical Rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Sleeves	70 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 7/12/19	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 7-8-19

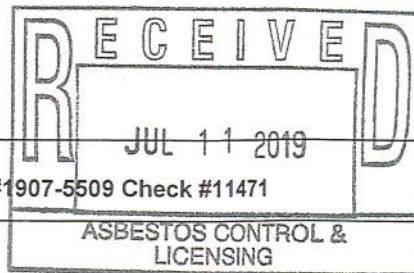
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 7 / 9 / 19		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179		Check # 11 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 North 3rd Street City, State, Zip Code Millville, NJ 08332	
Name of Contact Stephanie DeRose				Telephone Number 856-327-6040	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Millville Senior 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 and commercial buildings, homes, etc.)	
Street Address 200 North Wade Blvd.					
City (5) Millville				Square Feet 200,000	# of Floors 2
County (6) Cumberland				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Education			
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Gary W. Fleming		Telephone No. 732-223-2225	Telephone No. 609-265-2107	License No. 00529	
Start Date (10) 7 / 10 / 19		Scheduled Completion Date (11) 7 / 31 / 19		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		Yes	No		
B- Wing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gray caulk & fibrous caulk backer
D- Wing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows
D 109, D110		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk
D109, D110, D111		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 7/31/19		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>	Date 7-9-19

Inv-12677
CH 11471

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



Date of Notification (1) 7 / 9 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1907-5509 Check #11471	
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 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact Matt Turner Telephone Number 215-221-9335	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 1502 Route 138		Square Feet	# of Floors
City (5) Wall		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY) 07719	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) NA		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529
Start Date (10) 7 / 22 / 19	Scheduled Completion Date (11) 7 / 22 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

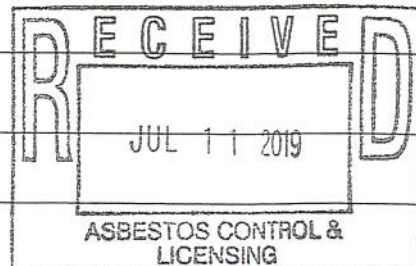
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole #JC32WLTS97	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 7/22/19	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 7-9-19		

Inv # 12676
OK 1105 PAID

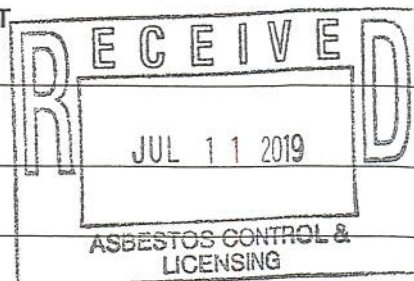
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 07 / 10 / 19		Name of Building Owner/Operator (2) Verizon							
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 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ							
		Name of Contact Doug O'Hare							
		Telephone Number 973-398-9992							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 256 State Street									
City (5) Hackensack, NJ 07601		Square Feet 10,000	# of Floors 6						
		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 07 / 23 / 19	Scheduled Completion Date (11) 07 / 31 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	35 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 07/31/2019		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 07-10-19		

JVN #12529
OK/1106 PAID

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

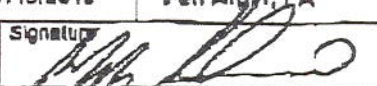


Date of Notification (1) 07 / 03 / 19		Name of Building Owner/Operator (2) Reliant Realty Services							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 909 3 rd Avenue, 21 st Floor City, State, Zip Code New York, NY 10022							
		Name of Contact Sandra Hernandez	Telephone Number 646-618-8697						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden Spires		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 195 Frist Street									
City (5) Newark, NJ 07107		Square Feet 45,000	# of Floors 12						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address		Street Address 47 Foster Road							
City, State, Zip Code		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm		Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 07 / 08 / 19	Scheduled Completion Date (11) 07 / 19 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-5:00PM/ ____ PM- ____ AM		Street Address 10- 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
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
9 th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	90 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 07/19/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 07-03-19			

07/03/2019 WED 14:23 FAX

1003/004

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1) 07 / 03 / 19		Name of Building Owner/Operator (2) Reliant Realty Services							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 908 3rd Avenue, 21st Floor City, State, Zip Code New York, NY 10022 Name of Contact Sandra Hernandez Telephone Number 646-618-8597							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden Spirex		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.)							
Street Address 195 First Street		City (5) Newark, NJ 07107							
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 45,000	# of Floors 12 Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address		Street Address 47 Foster Road							
City, State, Zip Code		City, State, Zip Code Staten Island NY 10308							
Project Manager for Monitoring Firm		Telephone No. 718-608-8256	License No. 00774						
Start Date (10) 07 / 06 / 19	Scheduled Completion Date (11) 07 / 19 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-5:00PM PM- AM		Street Address 10-39 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 220 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Frangible 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
9th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	90 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-556	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 07/19/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 07-03-19			

ASB-41
MAY 11

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

INV#1207 PAID

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

CK/226

Date of Notification (1) 07/09/2016		Name of Building Owner/Operator (2) Karen Scott		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 11 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039		
		Name of Contact Karen		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Livingston		Bldg. Age	
County (6) Essex	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) Removal Safety LLC
Street Address		Street Address 8 Crosby Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502	
Project Manager for Monitoring Firm		Telephone No.	License No. 01332
Start Date (10) 07/18/2019	Scheduled Completion Date (11) 07/25/2019	Name of OSHA Monitor Same as (9)	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

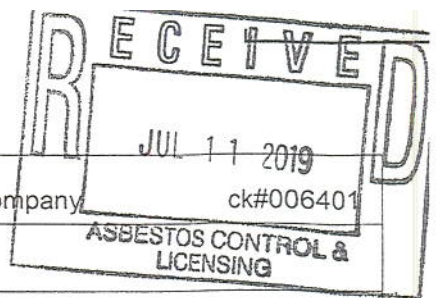
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Tiles	528 SF	x		x	
Basement			x	Mastic	528 SF	x		x	

Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless	
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>	Date 07/09/2019	

Inv #12683
CK 00040

PAID

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



Date of Notification (1) 07/09/2019		Name of Building Owner/Operator (2) 2019 GSP Cranford LLC C/O Ferber Company	
Agencies Notified	Type Notification	Street Address 194 Mt. Airy Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge, NJ 07920	
		Name of Contact Michael J. Murphy, Jr.	Telephone Number (908) 221-0882

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Liberty Wood Products / Horan Lumber		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 500 North Ave East		Square Feet 10,800	# of Floors 2
City (5) Cranford		Bldg. Age 65+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Offices / Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave	
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomington, NJ 07403	
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. 267-496-7955	License No. 01181
Start Date (10) 07/20/2019	Scheduled Completion Date (11) 07/27/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave	
		City, State, Zip Code Bloomington, NJ 07403	

Scope of Work (Check All That Apply)

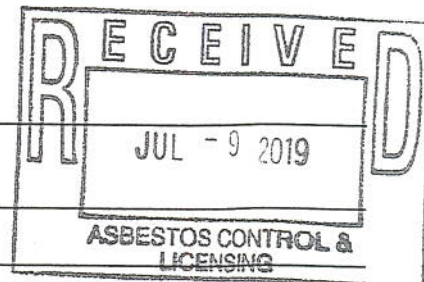
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
Front Exterior Facade		X		Window Caulk	100 SF	X			
Upper/Lower Roofs		X		Tar	250 SF	X			
Roof Level/Upper Facade		X		Tar	300 SF	X			
						X			

Name of Registered Waste Hauler Hazmat Diagnostic LLC / Newark Carting Inc		NJDEP Waste Hauler ID No. 0035440/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Bloomington, NJ		Newark, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Deni Naumovski		Title President	Signature 	Date 07/09/2019	

Inv# 12041
 CK 44247 PAID

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



Date of Notification (1) 07/05/19 Month/Day/Year		Name of Building Owner/Operator (2) Cooper University Hospital	
Agency Notified	Type Notification	Street Address	
X EPA	x Initial	One Cooper Plaza	
X DEP	Notification	City, State, Zip Code	
DCA	Amended	Camden NJ 08103	
X DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Mark Elberfeld	215-271-1449

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address One Cooper Plaza			Square Feet # of Floors Bldg. Age		
City (5) Camden			50,000 4 60		
County (6)			Current Use (Prior if being demolished) Hospital		
County Code (7) (STATE USE ONLY)			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs			ASCM No.		
Street Address 3370 Progress Drive			Street Address 98 LaCrue Avenue		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panpresso			Telephone Number 610-364-9622		
Telephone Number 215-244-1300			Licence Number 1103		
Scheduled Start Date (10) 07/15/19 Month/Day/Year		Sched. Completion Date (11) 09/30/19 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30AM			Street Address 3370 Progress Dr		
			City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure
>3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		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 Maintenance/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			R E M O V A L	R E P A I R	E N C A S U L	E N C L O S U R E
Pharmacy 2nd floor		x		mastic	1458sf	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As req.	City, State Morrisville PA	

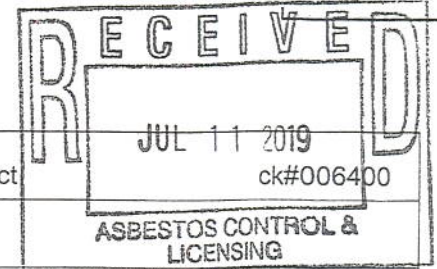
Completed By (Print or Type) Jack Tomasura	Title Project Manager	Signature <i>Jack Tomasura</i>	Date 7/5/19
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ABS-41
 JUN 95

G4667

17N #1 2080
CK 006 400 PAID

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



Date of Notification (1) 07/09/2019		Name of Building Owner/Operator (2) North Hanover Township School District	
Agencies Notified	Type Notification	Street Address 331 Monmouth Road	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wrightstown, NJ 08562	
		Name of Contact Amy Lerner	Telephone Number (609) 738-2600

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) C.B. Lamb Elementary School		Type of Facility (4)	
Street Address 46 Schoolhouse Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wrightstown	Square Feet 71375	# of Floors 1	Bldg. Age 66
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No. 00149	Name of Abatement Contractor (9) Hazmat Diagnostic LLC
Street Address 615 Prospect Ave		Street Address 16 Glenwild Ave	
City, State, Zip Code Moorisville, PA 19067		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Richard J. Beach		Telephone No. (267) 991-9212	License No. 01181
Start Date (10) 07/22/2019	Scheduled Completion Date (11) 08/02/2019	Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2:00pm - 10:00pm		City, State, Zip Code Bloomingdale, NJ 07403	

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
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 7		X		Tar Paper/Mastic	60 SF	X			
Classroom 8		X		Tar Paper/Mastic	386 SF	X			
Classroom 10		X		Tar Paper/Mastic	408 SF	X			
Classroom 11				Tar Paper/Mastic	204 SF	X			

Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Deni Naumovski		Title President	Signature 		Date 07/09/2019

331081
121087 PAID

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

Notification (1)
6 / 25 / 19

Name of Building Owner/Operator (2)
RIVERVIEW MEDICAL CENTER

Street Address
1 RIVERVIEW PLAZA

City, State, Zip Code
RED BANK, NEW JERSEY 07701

Name of Contact
ERIC MATTON

Telephone Number
732-450-2689

ASBESTOS CONTROL & LICENSING
JUL - 8 2019

Type Notification
☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #10
☐ EMERGENCY NOTIFICATION

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
250,000

of Floors
6

Bldg. Age
65

Name of Facility Where Abatement is Taking Place (3)
RIVERVIEW MEDICAL CENTER

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

County Code (7)
(STATE USE ONLY)
17

ASCM No.
17

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
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9

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

Project Manager for Monitoring Firm
THOMAS GEIGER

Expected State Date (10)
1 / 23 / 19

Sched. Completion Date (11)
9 / 30 / 19

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

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)

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

Amount (Specify SF or LF)


Abatement Type
REMOVAL REPAIR ENCAPSUL ENCLOSUR

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)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR	X	PIPE INSULATION complete	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR	X	VAT & MASTIC complete	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR	X	WALL MASTIC complete	1,552 SF	X			
2ND FL MED SURG/OBSERVATION WAY	X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY	X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY	X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY	X	WINDOW CAULK complete	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY	X	PIPE INSULATION complete	40 LF	X			
2ND FL MED SURG/OBSERVATION WAY	X	WALL MASTIC complete	144 SF	X			
2ND FL EAST CORRIDOR	X	WINDOW CAULK complete	2 SF	X			
2ND FL WEST CORRIDOR	X	COLUMN MASTIC complete	960 SF	X			
2ND FL WEST CORRIDOR	X	DUCT INSULATION complete	1,260 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB	X	EXTERIOR WALL MASTIC complete	420 SF	X			
1ST FL KITCHEN	X	PIPE INSULATION complete	14 LF	X			
2ND FLOOR NORTHWALL	X	PIPE INSULATION complete	79 LF	X			
1st FL DINING ROOM	X	PIPE INSULATION complete	158 LF	X			
1ST FL WEST DISH WASH AREA	X	PIPE INSULATION complete	66 LF	X			
1ST FL KITCHEN FOOD AREA							
1ST FL KITCHEN FOOD PREP AREA							

ADDITION TO SCOPE:

BASMENT LVL-NOTH PERIMETER		<input checked="" type="checkbox"/>	PIPE FITTING INSULATION	Name of Registered Landfill
of Registered Waste Hauler	NJDEP Waste Hauler ID No.	913	Cubic Yards of Waste	GRAND CENTRAL SANITARY LANDFILL
ARK CARTING			120	
State		Disposal Date		City, State
/ARK, NJ 07105		1/11/2019-09/30/2019		PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type)		Signature		Date
JJAMIN SANCHEZ				6/25/19
Title		DIRECTOR OF OPERATIONS		



Name of Registered Waste Hauler WARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State PLAINFIELD TOWNSHIP, PA		Disposal Date 1/11/2019-09/30/2019		Date 6/6/19	
Signature 		Title DIRECTOR OF OPERATIONS			
Completed by (Print or Type) JAMIN SANCHEZ					

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

Notification (1)
1/28/19
EPA
DEP
DOL
DOH
DCA

Type Notification
☒ Initial Notification
☐ Amended Notification #8
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
RIVERVIEW MEDICAL CENTER
Street Address
1 RIVERVIEW PLAZA
City, State, Zip Code
RED BANK, NEW JERSEY 07701
Name of Contact
ERIC MATTSON
Telephone Number
732-450-2689

Facility Information
Name of Facility Where Abatement is Taking Place (3)
RIVERVIEW MEDICAL CENTER

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)
Square Feet
250,000
of Floors
6
Bldg. Age
65

County Code (7)
(STATE USE ONLY)
County (6)
MONMOUTH
ASCM No.
17

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

Project Manager for Monitoring Firm
THOMAS GEIGER
Expected State Date (10)
1/23/19
Month
Day
Year
Sched. Completion Date (11)
9/30/19
Month
Day
Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL
Street Address
1376 ROUTE 9
City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 12590

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
MON.-SAT. 7AM-12 AM
☒ Other - Describe:
Scope of Work (Check all that apply)
☒ Demolition
☐ >3SF OR LF
☐ >160 SF OR 260 LF
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)
☒ Renovation

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

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
PIPE INSULATION	832 LF	X			
VAT & MASTIC	1,352 SF	X			
WALL MASTIC	1,552 SF				
VAT & MASTIC complete	1,300 SF	X			
WALL MASTIC complete	1,056 SF	X			
PIPE INSULATION complete	478 LF	X			
WINDOW CAULK	20 SF	X			
PIPE INSULATION complete	40 LF	X			
WALL MASTIC	144 SF	X			
WINDOW CAULK	2 SF	X			
COLUMN MASTIC complete	960 SF	X			
DUCT INSULATION	1,260 SF	X			
EXTERIOR WALL MASTIC	420 SF	X			
PIPE INSULATION	14 LF	X			
PIPE INSULATION	79 LF	X			
PIPE INSULATION	158 LF	X			
PIPE INSULATION	66 LF	X			

Registered Waste Hauler CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
			City, State PLAINFIELD TOWNSHIP, PA	Date 5/28/19
Site K, NJ 07105		Disposal Date 1/11/2019-09/30/2019	Signature 	
ated by (Print or Type) JMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		

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

33501

Date of Notification (1)

5 / 9 /19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact
ERIC MATTSO

Telephone Number
732-450-2689

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Square Feet
250,000

of Floors
6

Bldg. Age
65

Street Address
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

City (5)
RED BANK

County (6)
MONMOUTH

County Code (7)
(STATE USE ONLY)

ASCM No.
17

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

Street Address
64 BROAD STREET
City, State, Zip Code

MATAWAN, NEW JERSEY 07747

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2236

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

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

Expected State Date (10)
1 / 23 /19
Month Day Year

Sched. Completion Date (11)
9 / 30 /19
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-12 AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	40 LF	X			
2ND FL EAST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL WEST CORRIDOR			X	COLUMN MASTIC complete	960 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	DUCT INSULATION	1,260 SF	X			
1ST FL KITCHEN			X	EXTERIOR WALL MASTIC	420 SF	X			
2ND FLOOR NORTHWALL			X	PIPE INSULATION	14 LF	X			
1st FL DINING ROOM			X	PIPE INSULATION	79 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION	158 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	66 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION					

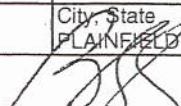
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4 / 12 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 RIVERVIEW PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSO	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
		Bldg. Age 65	
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500
		License Number 1101	

Expected State Date (10) 1 / 23 / 19 Month Day Year		Sched. Completion Date (11) 9 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12 AM SATURDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
				<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MASTIC	420 SF	X			


Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019-05/1/2019	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type)		Title	Signature 
			Date 4/12/19

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

Date of Notification (1) 4 / 5 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 RIVERVIEW PLAZA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Name of Contact ERIC MATTSO		Telephone Number 732-450-2689	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo, <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NJ 07105			Disposal Date 1/11/2019	City/State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 4/13/19					

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

Date of Notification (1) <div style="text-align: center;">3 / 25 /19</div>			Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			Street Address 1 RIVERVIEW PLAZA City, State, Zip Code RED BANK, NEW JERSEY 07701	
			Name of Contact ERIC MATTSO		Telephone Number 732-450-2689		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 17	
Street Address 64 BROAD STREET				Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	
City, State, Zip Code MATAWAN, NEW JERSEY 07747				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Project Manager for Monitoring Firm THOMAS GEIGER				Telephone Number 732-290-2236	
Expected State Date (10) 1 / 23 / 19				Sched. Completion Date (11) 9 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM				Street Address 313 SPOOK ROCK ROAD	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 3/25/19	

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

Date of Notification (1) <div style="text-align: center;">2 / 27 /19</div>		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 1 RIVERVIEW PLAZA	
		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTON	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
		Bldg. Age 65	
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500
		License Number 1101	
Expected State Date (10) 1 / 23 / 19	Sched. Completion Date (11) 9 / 30 /19	Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Month Day Year	Month Day Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM		Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
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"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC ✓	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC ✓	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION ✓	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION ✓	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105				Disposal Date 1/11/2019	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 2-27-19			

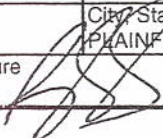
#2

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

Date of Notification (1) 1 / 22 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
Type Notification		City, State, Zip Code RED BANK, NEW JERSEY 07701	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact ERIC MATTSO	
		Telephone Number 732-450-2689	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			Square Feet 250,000	# of Floors 6	Bldg. Age 65
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo, <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NJ 07105			Disposal Date 1/11/2019	City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 1/22/19					

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

33298

#1

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH	County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code MATAWAN, NEW JERSEY 07747		Street Address 313 SPOOK ROCK ROAD		
		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19		Name of OSHA Monitor QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	

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"/> Renovation	<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Endo <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 1/11/19	