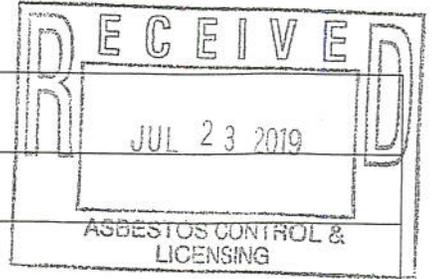


Inv # 12978  
 CK 5882 PAID

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



Date of Notification (1) 07 / 19 / 19		Name of Building Owner/Operator (2) Richard Wittmer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Moorestown, NJ 08057	
		Name of Contact Richard Wittmer	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wittmer Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,286	
City (5) Moorestown		# of Floors 2	Bldg. Age 62
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099
Start Date (10) 08 / 05 / 19		Scheduled Completion Date (11) 08 / 07 / 19	License No. 00842
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.	
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 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
Lower Level Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	406 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

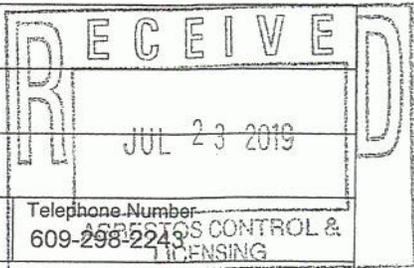
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 08/07/2019	City, State Morrisville, PA		
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature <i>Margie Muller</i>	Date 7-19-19		

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

Inv # 12075 PAID

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

CHECK # 2513



Date of Notification (1) 07/20/2019		Name of Building Owner/Operator (2) Woolston Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 83 Old Amboy Road
			City, State, Zip Code Bordentown NJ 08505
		Name of Contact Ritchie Woolston	Telephone Number 609-298-2243

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Vacant Lot		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 34 Thomas J Rhodes Industrial Drive		Square Feet	# of Floors
City (5) Hamilton Township		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Lot	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental LLC
Street Address		Street Address P O Box 8297	
City, State, Zip Code		City, State, Zip Code Trenton NJ 08650	
Project Manager for Monitoring Firm		Telephone No. 609-847-2956	License No. 01222
Start Date (10) 07/28/2019	Scheduled Completion Date (11) 07/29/2019	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

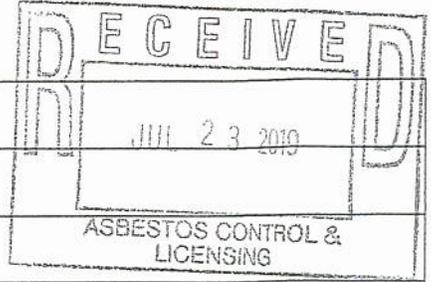
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag 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
Vacant Lot			X	Siding	7 Cubic Yards	X			

Name of Registered Waste Hauler Woolston		NJDEP Waste Hauler ID No. 07516	Cubic Yards of Waste 7	Name of Registered Landfill Grows Landfill	
City, State Bordentown NJ		Disposal Date Various		City, State Morrisville PA	
Completed by Kelly Sisk		Title Project Manager	Signature <i>Kelly Sisk</i>		Date 07/20/2019

Inv# 12973  
 CK2114 PAID

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



Date of Notification (1) 7/19/2019		Name of Building Owner/Operator (2) Tina Pipitone	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Barrington, NJ 08033		Name of Contact Andrew Ricco
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SFD		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) Barrington		Bldg. Age	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SFD	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp
Street Address		Street Address 282 Creek Road	
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031	
Project Manager for Monitoring Firm		Telephone No. 856.931.3366	License No. 01339
Start Date (10) 7/29/2019	Scheduled Completion Date (11) 8/30/2019	Name of OSHA Monitor Andrew Ricco	
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 282 Creek Road	
		City, State, Zip Code Bellmawr, NJ 08031	

Scope of Work (Check All That Apply)

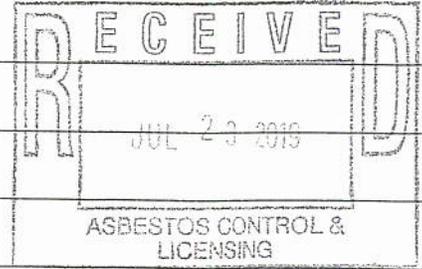
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Floor Tile	200 SF	X			

Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 1	Name of Registered Landfill Salem County	
City, State Bellmawr, NJ			Disposal Date TBD	City, State Alloway, NJ	
Completed by Andrew Ricco		Title President	Signature 	Date 7/19/2019	

Inv # 12957  
 CLK1671 PAID

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



Date of Notification (1) 07/18/2019		Name of Building Owner/Operator (2) Teaneck School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Merrison Street	
		City, State, Zip Code Teaneck, NJ 07666	
		Name of Contact Mr. Anthony D'Angelo	Telephone Number 201-833-5526

Name of Facility Where Abatement is Taking Place (3) Bryant Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Tryon Ave			Square Feet 45,000 approx		
City (5) Teaneck			# of Floors 1		Bldg. Age 80 years
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 95	Name of Abatement Contractor (9) United Safety LLC		
Street Address 5434 King Avenue, Suite 101		Street Address 22 Troy Lane			
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 973-276-0099	License No. 01317	
Start Date (10) 08/06/2019		Scheduled Completion Date (11) 08/29/2019		Name of OSHA Monitor United Safety LLC	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (Check All That Apply)

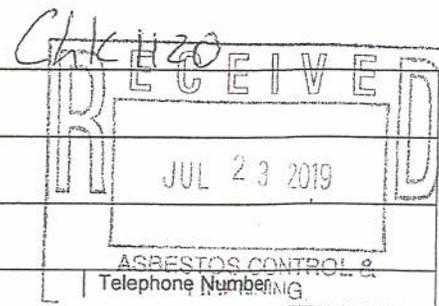
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Tunnels	X			Thermal System Insulation	5,173 LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Vanco Petkov		Title Project Manager	Signature 		Date 07/18/2019

Inv# 12839  
 CK1120 PAID

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



Date of Notification (1) 07/17/2019		Name of Building Owner/Operator (2) Nina Zaltzman	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Nina Zaltzman	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Ridgewood		Square Feet 2,641	# of Floors 3	Bldg. Age 1930	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting :LLC		
Street Address		Street Address 240 South 5th St.			
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355	
Start Date (10) 07/26/2019		Scheduled Completion Date (11) 08/01/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor - Closet			X	Vermiculite	36 SF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature 	Date 07/17/2019	

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

Inv# 12844 PAID

Chk# 1121

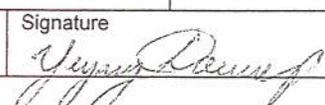
Date of Notification (1) 07/17/2019		Name of Building Owner/Operator (2) Anthony Ksiazak		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <p>JUL 23 2019</p>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<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 Piscataway, NJ 08854		
		Name of Contact Anthony Ksiazak	Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Piscataway	Square Feet 1,412	# of Floors 3	Bldg. Age 1954
County (6) Middlesex	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) Danvic Contracting LLC
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355
Start Date (10) 07/27/2019	Scheduled Completion Date (11) 08/02/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

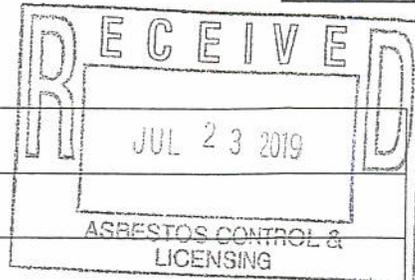
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace			X	Ductwork Insulation	140 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature 		Date 07/17/2019

Inv # 129100  
 CK243106 PAID

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



Date of Notification (1) 7/18/2019		Name of Building Owner/Operator (2) GREEN THUMB INDUSTRIES - GTI	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 325 HERON STREET, SUITE 412	
		City, State, Zip Code CHICAGO, IL 60654	
		Name of Contact DARREN-ERIK DIAZ	Telephone Number 866-246-1110

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) GTI CULTIVATION FACILITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 297 GETTY AVENUE		Square Feet	# of Floors
City (5) PATERSON		Bldg. Age	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address		Street Address 11 VREELAND AVENUE	
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 7/29/2019	Scheduled Completion Date (11) 8/1/2019	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4PM - 12AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

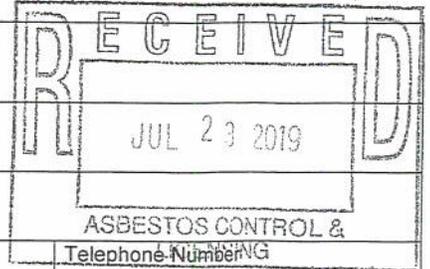
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WAREHOUSE		X		PIPE	40 LF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ		Disposal Date 8/1/2019	City, State MORRISVILLE, PA
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 7/18/2019

Inv# 12854  
CK17601 PAID

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

Inv# 12854



Date of Notification (1) <u>07</u> / <u>18</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Brightview Hamburg, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>01</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>218 N. Charles St. Suite 220</b>	
		City, State, Zip Code <b>Baltimore, Md 21201</b>	
		Name of Contact <b>Ted Wies</b>	
		Telephone Number <b>443 324-4731</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Former Cost Cutters (Vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1139 Hamburg Turnpike</b>		Square Feet <b>75,000</b>	# of Floors <b>1</b>
City (5) <b>Wayne</b>		Bldg. Age <b>~ 50</b>	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Former Cost Cutters Store</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Emilcott Environmental Health &amp; Safety Ser.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Neuber Environmental Services, Inc.</b>	
Street Address <b>190 Park Ave.</b>		Street Address <b>1100 Grosser Road</b>		
City, State, Zip Code <b>Morristown, NJ 07960</b>		City, State, Zip Code <b>Gilbertsville, PA 19525</b>		
Project Manager for Monitoring Firm <b>David Tomsey</b>		Telephone No. <b>973 538-1110</b>	Telephone No. <b>610 933-4332</b>	License No. <b>00836</b>

Start Date (10) <u>8</u> / <u>05</u> / <u>19</u>	Scheduled Completion Date (11) <u>9</u> / <u>03</u> / <u>19</u>	Name of OSHA Monitor <b>Neuber Environmental Services</b>	
Occupancy Status During Abatement (Check only one.) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1100 Grosser Road</b>	
		City, State, Zip Code <b>Gilbertsville, PA 19525</b>	

Scope of Work (Check all that apply)

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

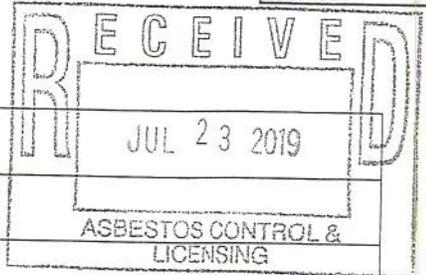
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>Sept. 2019</b>		City, State <b>Waynesburg, Ohio</b>	

Completed By (Print or Type) <b>Pat Larney</b>	Title <b>Project Manager</b>	Signature 	Date <b>7-18-19</b>
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Inn # 12963  
 CK95173 862-5 PAID

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



Date of Notification (1) 07/19/2019		Name of Building Owner/Operator (2) Daniele Wells	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Danielle Wells	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Wayne			Current Use (Prior if being demolished) House		
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.		
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685	License No. 01311	
Start Date (10) 07/29/2019		Scheduled Completion Date (11) 07/30/2019		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied			Street Address 11 Rosengren Avenue		
			City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

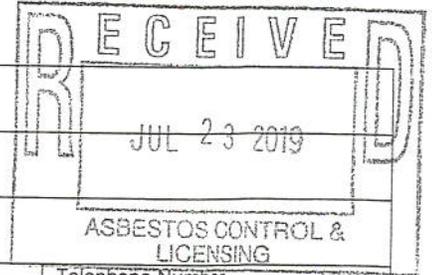
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 If	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foyer		X		VAT	130 SF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 07/19/2019	

Inv# 12965  
CK1422 PAID

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



Date of Notification (1) 07/19/2019		Name of Building Owner/Operator (2) Dana Estas	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Dana Estas	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Westfield		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 9733458685	License No. 01311
Start Date (10) 07/31/2019	Scheduled Completion Date (11) 08/01/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

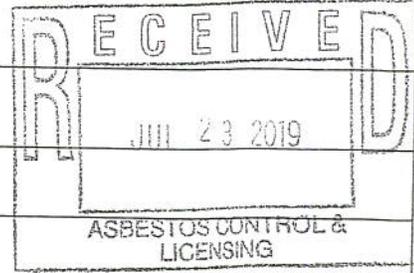
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature <i>[Signature]</i>		Date 07/19/2019

INV# 120188  
 OK 28258 PAID

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



Date of Notification (1) <u>7</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Rowan University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>201 Mullica Hill Road</b>	
		City, State, Zip Code <b>Glassboro NJ. 08028</b>	
		Name of Contact <b>Tom Gallia</b>	Telephone Number <b>856-256-4154</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Wilson Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>201 Mullica Hill Road</b>		Square Feet <b>60,500</b>	# of Floors <b>2</b>
City (5) <b>Glassboro</b>		Bldg. Age <b>+/- 70</b>	
County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Pars Environmental Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>	
Street Address <b>500 Horizon Drive #540</b>		Street Address <b>8436 Enterprise Avenue</b>		
City, State, Zip Code <b>Hamilton Township NJ. 08691</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>		
Project Manager for Monitoring Firm <b>Rafael Torres</b>	Telephone No. <b>609-890-7277</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>	

Start Date (10) <u>8</u> / <u>5</u> / <u>19</u>	Scheduled Completion Date (11) <u>8</u> / <u>15</u> / <u>19</u>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>11:00</u> PM/ _____PM-_____AM		Street Address <b>8436 Enterprise Avenue</b>		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code <b>Philadelphia, PA 19153</b>		

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf  
 Renovation  
 Demolition  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Sound Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle De.</b>		Disposal Date <b>8/17/19</b>	City, State <b>Waynesburg Pa.</b>		
Completed By (Print or Type) <b>Kevin Meldrum</b>	Title <b>Project Manager</b>	Signature <i>[Signature]</i>	Date		

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

CK9433 PAID

B & G proj. #: 2019-133

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

Inn# 12917

Additional footages

Check # 9433

Date of Notification (1) 07/1/19		Name of Building Owner/Operator (2) Woodbridge Township School District		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">RECEIVED</div> <p>JUL 23 2019</p> <p>ASBESTOS CONTROL &amp; RESTORATION</p>
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 PO Box 428 School Street		
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Woodbridge, NJ 07095		
		Name of Contact Brian Wolferman, B.S. / B.A.		
		Telephone Number 732-602-8536		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Woodbridge 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 525 Barron Avenue			Square Feet 50,000 +		
City (5) Woodbridge			County (6) Middlesex		Bldg. Age 50 +
			County Code (7) (State use only)		Current Use (Prior if being demolished) school

Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address PO Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/24/2019		Sched. Completion Date (11) 07/21/2019			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: Occupied-2 Phase <input checked="" type="checkbox"/> Other-Describe: 2 shifts					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Phase 2 Cafeteria		<input checked="" type="checkbox"/>		fitting insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Kitchen		<input checked="" type="checkbox"/>		fitting insulation	56 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Kitchen		<input checked="" type="checkbox"/>		Roof drain fitting	1 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"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 6/24/19-7/21/19		City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>	
				Date 07/19/2019	

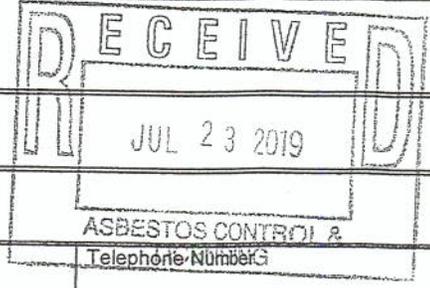
Notification of Asbestos Abatement

B & G proj. #: 2019-133

**PAID**

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9339



Date of Notification (1)  
05/13/19

Name of Building Owner/Operator (2)  
Woodbridge Township School District

Street Address  
PO Box 428 School Street

City, State, Zip Code  
Woodbridge, NJ 07095

Name of Contact  
Brian Wolferman, B.S. / B.A.

Telephone Number  
732-602-8536

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Woodbridge Middle School

Street Address  
525 Barron Avenue

City (5)  
Woodbridge

County (6)  
Middlesex

County Code (7)  
(State use only)

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

Square Feet  
50,000 +

# of Floors  
3

Bldg. Age  
50 +

Current Use (Prior if being demolished)  
school

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

ASCM No.  
0057

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-6869

License Number  
00378

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
John Smoyer

Phone Number  
609-652-1833

Scheduled Start Date (10)  
06/24/2019

Sched. Completion Date (11)  
07/21/2019

Occupancy Status During Abatement (Check only one)  
 Facility closed/vacated during entire period of abatement.  
 Abatement performed outside of normal facility hours- Describe: Occupied-2 Phase  
 Other-Describe: 2 shifts

Scope of Work (check all that apply)

Demolition  
 Renovation  
 >3 sf or >3 lf  
 ≥160 sf or ≥260 lf

wrap & cut  
 Full Containment w/negative pressure  
 Mini-enclosure  
 Glovebag procedure  
 Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Phase 1- 1, 2, 3rd Floors		<input checked="" type="checkbox"/>		Wall plaster Base Coat	21,872 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" " " " "		<input checked="" type="checkbox"/>		Vat/Mastic, slate sink lab tops	7,918 sf, 190 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" " " " "		<input checked="" type="checkbox"/>		pipe insulation	413 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2- 2, & 3rd Floors		<input checked="" type="checkbox"/>		Wall plaster Base coat/joint comp.	10,798 sf/625sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" " " " "		<input checked="" type="checkbox"/>		VAT/mastic, pipe insulation	7,193 sf/ 32 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
200

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
6/24/19-7/21/19

City, State  
Pen Argyl, PA

Completed by (Print or Type)  
Gordana Luna

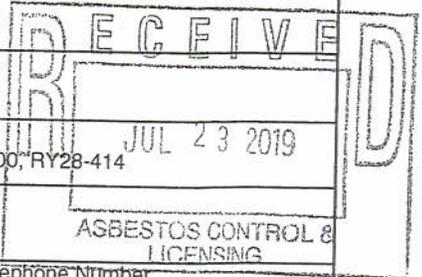
Title  
Secretary/Treasurer

Signature  
*Gordana Luna*

Date  
05/31/2019

Trn # 12923  
 CK 342600 PAID

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



Date of Notification (1)

7 / 16 / 2019

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
 MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet  
89,717

# of Floors  
5

Bldg. Age  
82

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 25 / 19  
 Month Day Year

Sched. Completion Date (11)

12 / 1 / 19  
 Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation

- Full Containment with Negative Pressure
- Mini Encllo
- 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
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.  
 825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.

15939

Cubic Yards of Waste

40

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE  
 447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

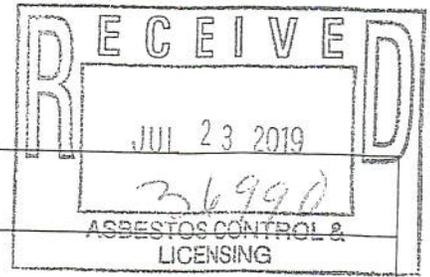
Signature

Date

7/15/19

INV# 12991  
 CK 36990 PAID

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



Date of Notification (1) 07 / 19 / 19		Name of Building Owner/Operator (2) Big Dog Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3536 Route 66	
		City, State, Zip Code Neptune, NJ 07753	
		Name of Contact Joe Ragucci	Telephone Number 732-403-5956

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Condo		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 321 Sunset Avenue		Square Feet 40,000	# of Floors 7
City (5) Asbury Park		Bldg. Age 60	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Cond	

Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624	
Start Date (10) 07 / 29 / 19	Scheduled Completion Date (11) 07 / 30 / 19	Name of OSHA Monitor E.M.S.L. Analytical		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 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
Esplande room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	65 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 07/30/19	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 7/19/19	

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

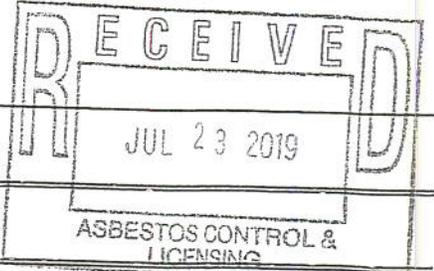
Inv # 12992

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

Proj. #: 19-149

CK 1044

PAID



Date of Notification (1)  
10/17/18

Name of Building Owner/Operator (2)  
Ed & Laura Marhefka

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

Street Address  
[REDACTED]

City, State, Zip Code  
Westfield, NJ 07090

Name of Contact  
Ed & Laura Marhefka

Telephone Number

FACILITY INFORMATION

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

Street Address  
[REDACTED]

City (5)  
Westfield, NJ 07090

County (6)  
Union

County Code (7)  
(State use only)

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

Square Feet  
1,300

# of Floors  
02

Bldg. Age  
70

Current Use (Prior if being demolished)  
Residential

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

ASCM No.

Name of Abatement Contractor (9)  
KLOMAX, LLC

Street Address  
309 W. End Ave

City, State, Zip Code  
Hopatcong, NJ 07843

Telephone Number  
833-455-6629

License Number  
02007

Name of OSHA Monitor  
KLOMAX, LLC

Street Address  
309 W. End Ave

City, State, Zip Code  
Hopatcong, NJ 07843

Project Manager for Monitoring Firm  
[REDACTED]

Phone Number

Start Date (10)  
08/05/19

Sched. Completion Date (11)  
08/10/19

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: NORMAL HOURS

Scope of Work (check all that apply)  
 >3 sf or >3 lf  
 ≥160 sf or ≥260 lf  
 Renovation  
 Demolition  
 Full Containment w/negative pressure  
 Mini-enclosure  
 Glovebag procedure  
 Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	135 LF	X			

Registered Waste Hauler  
KLOMAX, LLC

NJDEP Hauler ID#  
0038241

Cubic Yards of Waste  
2 yds

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
Hopatcong, NJ 07843

Disposal Date  
TBD

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
Paige Boylan

Title  
Owner

Signature  
[Signature]

Date  
07/18/19

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

JAN #12997

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

Proj. #: 19-135

PAID

CK 1043



Date of Notification (1) 10/17/18 11/19/18		Name of Building Owner/Operator (2) Al Farah	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #:	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code So. Orange, NJ 07079	
		Name of Contact Al Farah	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet: 1,400   # of Floors: 02   Bldg. Age: 80		
City (5) So. Orange, NJ 07079	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 08/05/19	Sched. Completion Date (11) 08/10/19		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

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

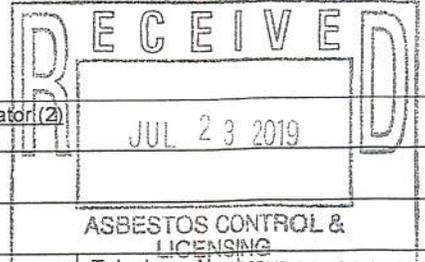
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State Hopatcong, NJ 07843	Disposal Date TBD		City, State TULLYTOWN, PA		
Completed by (Print or Type) Paige Bcylan	Title Owner	Signature 	Date 07/18/19		

Invt #12918  
 CK 29313

PAID

State of New Jersey

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



Date of Notification (1) 7/19/19 <i>ck# 29313</i>		Name of Building Owner/Operator (2) Pine Hill Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> IDOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 1003 Turnerville Road		City, State, Zip Code Pine Hill, NJ 08021	
Name of Contact Zipporah Daniels-Browne President BOE		Telephone Number 856-783-6900	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Overbrook Highschool			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Current Use (prior if being demolished): School	
Street Address 1200 Turnerville Road			City, State, Zip Code Newfield, NJ 08344	
City (5) Pine Hill	County (6) Camden	County Code (7) (State Use Only)	Name of Contractor (9) Panoramic Window & Door Systems Inc.	
Name of Monitoring Firm Hired by Bldg. Owner (8) Epic Environmental Services, LLC			ASCM No. N/A	
Street Address 1930 Brown Road			Street Address 712 Sergeantsville Road	
City, State, Zip Code Newfield, NJ 08344			City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm James Eberts		Telephone Number 856-205-1077	Telephone Number P (732)926-0900 x102	License Number 01237
Scheduled Start Date (10) 8/2/19		Scheduled Completion Date (11) 8/10/19		Name of OSHA Monitor IAQ GURU 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 - 3:00-11:00pm Describe  <input type="checkbox"/> Other - Describe:			Street Address 87 Main Street	
			City, State, Zip Code Lincoln Park, NJ 07035	

Source of Work (Check all that apply)

- $\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf  
 Renovation  
 Demolition  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Exterior of School windows		perimeter caulk	110 LF	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Environmental Projects Manager	Signature 	Date 07/19/19

INV# 1044  
 CK 3023 PAID

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



Date of Notification (1) 07/15/19		Name of Building Owner/Operator (2) Garwood Public School District	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	400 Second Ave.	
		Name of Contact Tom Spera	
		Telephone Number 908-591-7698	

Name of Facility Where Abatement is Taking Place (3) Garwood Family Center (YMCA)			Type of Facility (4)		
Street Address 500 East St.			<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) Garwood			Square Feet	# of Floors	Bldg. Age
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc		
Street Address P.O. Box 385		Street Address 205 Route 46 Suite 14			
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512			
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	Telephone No. 973 832 4244	License No. 01379	

Start Date (10) 07/26/19	Scheduled Completion Date (11) 08/26/19	Name of OSHA Monitor Same as above			
Occupancy Status During Abatement (Check Only One)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room			x	Interior boiler rib rope packaging	96lf	x		x	
Boiler room			x	Fire brick & refractory cement	72sf				

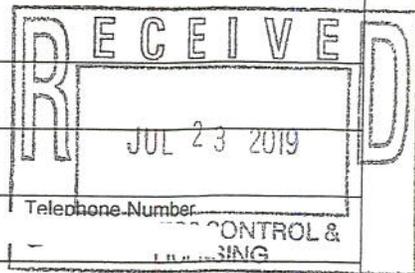
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 5	Name of Registered Landfill Fairless, Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by John Geleski		Title PM	Signature 		Date 07/15/19

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

Inv # 12777 PAID

Chk # 1119

Date of Notification (1) 07/15/2019		Name of Building Owner/Operator (2) Dominic Beddia	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Roselle Park, NJ 07204	
		Name of Contact Dominic Beddia	Telephone Number _____



Name of Facility Where Abatement is Taking Place (3) Residential Property			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 736	# of Floors 1	Bldg. Age 1925
City (5) Roselle Park	County (6) Union	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) Danvic Contracting LLC
Street Address _____		Street Address 240 South 5th St.
City, State, Zip Code _____		City, State, Zip Code Elizabeth, NJ 07206
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 908-906-4123
		License No. 01355

Start Date (10) 07/26/2019	Scheduled Completion Date (11) 08/02/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West
		City, State, Zip Code Union, NJ 07083

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	50 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC.	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Jeymy Donneys	Title Owner	Signature <i>Jeymy Donneys</i>	Date 07/15/2019

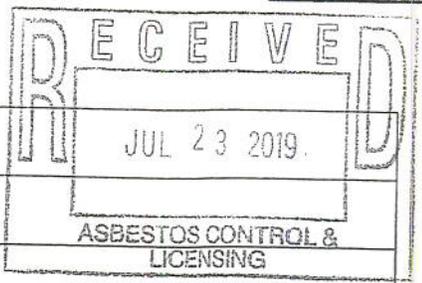
\* Do not use this form for asbestos licensure exempted activities.

INV# 13001

CK 2042

PAID

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



Date of Notification (1) 07-15-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Little Falls		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206

Start Date (10) 07-26-19	Scheduled Completion Date (11) 07-30-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

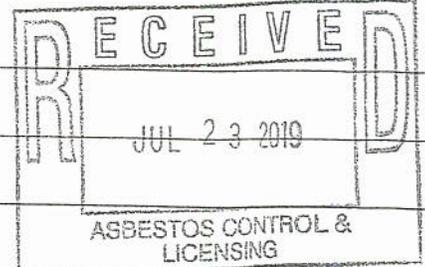
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Basment		x		Pipe Insulation	250 LF	x			
Exterior		x		Window Caulking	25 Each	x			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ		Disposal Date 07-31-19	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 07-15-19

Inv # 13003  
 CK 2128 PAID

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



Date of Notification (1) 07-15-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Little Falls		Square Feet	# of Floors
County (6) Bergen		Current Use (Prior if being demolished)	
County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206

Start Date (10) 07-29-19	Scheduled Completion Date (11) 08-06-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

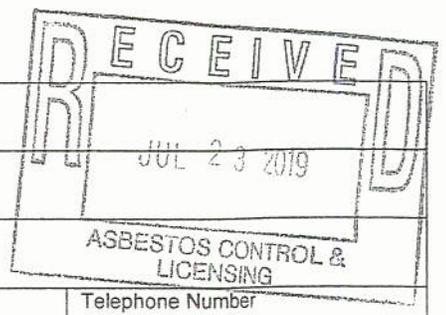
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	20 LF	x			
1st Floor / Kitchen		x		VAT	150 SF	x			
2nd Floor		x		VAT + Mastic	220 SF	x			
2nd Floor		x		Joint Compound	1,000 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ		Disposal Date 08-06-19	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 07-15-19

Inv # 13004  
 CK 2043

PAID

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



Date of Notification (1) 07-15-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Little Falls		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 07-31-19	Scheduled Completion Date (11) 08-06-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

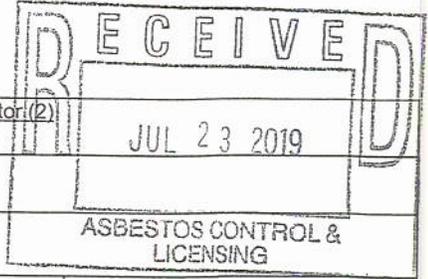
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor		x		Joint Compopund	4,000 SF	x			
Roof		x		Flashing Tar	5 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 08-06-19		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-15-19

Inv# 13035  
 CK 3263 PAID

State of New Jersey - Notification of Asbestos Abatement

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



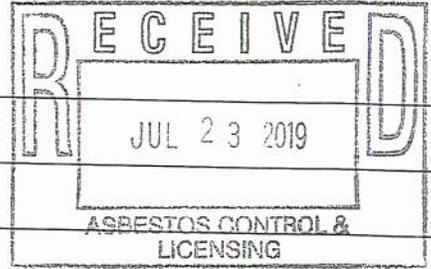
Date of Notification (1) <b>July 15, 2019</b>		Name of Building Owner/Operator (2) <b>BASF Catalysts</b>	
Agencies Notified X EPA DCA x DOL X DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>25 Middlesex Turnpike</b>		City, State, Zip Code <b>Iselin, NJ 08830</b>	
Name of Contact Kyle Smith		Telephone Number 732.205.7664	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>BASF Catalysts</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 20,000 sf # of Floors: 1 Bldg. Age: 70 years	
Street Address <b>25 Middlesex Turnpike</b>		Current Use (prior if being demolished):	
City (5) <b>Iselin</b>	County (6) <b>Middlesex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 Wagaraw Road, Bldg # 35 E</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 29, 2019</b>	Scheduled Completion Date (11) <b>September 30, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
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:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>Laboratory # 112 Fan Room # 3</b>	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic TSI - Pipe &amp; Fitting</b>	<b>450 sf</b>
<b>Crawlspace By Fan Room # 3</b>	<input checked="" type="checkbox"/>	<b>Mechanical TSI-Pipe &amp; Fitting</b>	<b>600 lf</b>
			<b>1,000 sf</b>
			<b>800 lf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>80</b>	Name of Registered Landfill <b>Fairless Landfill/ Grand Central Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date <b>September 30, 2019</b>	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072
Hauler #2) Newark Carting, Inc. Newark, NJ 04509, NJ DEP # 19551			GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. Project Manager</b>	Signature <i>Marin Graure</i>	Date <b>September 30, 2019</b>

GAC # 2019-680-002,003 & 004

INV # 13008

OK 3531 PAID

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



Date of Notification (1) 07/15/2019		Name of Building Owner/Operator (2) Residence								
Agencies Notified	Type Notification	Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Newark NJ 07106								
		Name of Contact Darren Woolford	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)								
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Newark		Square Feet 2,989	# of Floors 3							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 99							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____	Name of Abatement Contractor (9) Brinks Tank Services							
Street Address PO Box 354		Street Address 1256 Liberty Avenue								
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205								
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465							
Start Date (10) 07/26/2019		Scheduled Completion Date (11) 08/01/2019	License No. 01316							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354								
		City, State, Zip Code South Orange, NJ 07079								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		pipe wrap	110 LF	X				
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill						
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA						
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 07/15/2019						

CK9428 Inv# 12922

State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:80-7 and 12:120-7)  
 \*\*\* EMERGENCY \*\*\*

B & G Proj. #: 2019-163

PAID

RECEIVED  
 JUL 22 2019  
 DOL # 143 DAY  
 ASBESTOS CONTROL & LIAISON

Date of Notification (1)  
 07/18/19

Name of Building Owner/Operator (2)  
 Plainfield Public Schools

Street Address  
 1200 Myrtle Avenue

City, State, Zip Code  
 Plainfield, NJ 07060

Name of Contact  
 David DiPisa

Telephone Number  
 908-731-4355

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DCH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

WAVES APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 Dewitt D Barlow Elementary School (NON Sub 6)

Street Address  
 2 Farragut Road

City (5)  
 Plainfield

County (6)  
 Union

County Code (7)  
 (State use only)

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

Square Feet  
 # of Floors  
 Bldg. Age

Current Use (Prior if being demolished)  
 school NON Sub 6

Name of Monitoring Firm Hired by Bldg. Owner (8)  
 Street Address  
 City, State, zip Code

ASCM No.

Name of Abatement Contractor (9)  
 B & G Restoration, Inc.  
 Street Address  
 105 Ryerson Road  
 City, State, Zip Code  
 Lincoln Park, NJ 07035

Telephone Number  
 (973)696-8889

License Number  
 00378

Project Manager for Monitoring Firm  
 Phone Number

Scheduled Start Date (10)  
 07/19/2019

Sched. Completion Date (11)  
 07/22/2019

Occupancy Status During Abatement (Check only one)  
 Facility closed/vacated during entire period of abatement.  
 Abatement performed outside of normal facility hours.  
 Describe:  
 Other-Describe: occupied & start 3:30 pm

Name of OSHA Monitor  
 B & G Restoration, Inc.  
 Street Address  
 105 Ryerson Road  
 City, State, Zip Code  
 Lincoln Park, NJ 07035

Scope of Work (check all that apply)

Demolition  Renovation  Full Containment w/negative pressure  Glovebag procedure

>3 sf or >3 lf  >180 sf or >280 lf  Mini-enclosure  Non-fitable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	K	R	E	E	E
	Yes	No	N/A							
former Stage area			X	pipe (wrap & cut)	45 LF	X				

Registered Waste Hauler  
 B & G Restoration, Inc.

NJ DEP Hauler ID#  
 18563

Cubic Yards of Waste  
 1

Name of Registered Landfill  
 Grand Central Landfill

City, State  
 Lincoln Park, NJ

Disposal Date  
 07/22/19

City, State  
 Pen Argyle, PA

Completed by (Print or Type)  
 Gordana Luna

Title  
 Secretary/Treasurer

Signature  
*Gordana Luna*

Date  
 07/18/2019

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

B & G proj. #: 2019-163

Check # 9428

Date of Notification (1) <u>07/18/19</u>		Name of Building Owner/Operator (2) Plainfield Public Schools		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 23 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL &amp; TESTING</div>
Agencies Notified	Type Notification	Street Address 1200 Myrtle Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Plainfield, NJ 07060		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David DiPisa		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-731-4356		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dewitt D Barlow Elementary School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 Farragut Road			Square Feet		
City (5) Plainfield			County (6) Union		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/19/2019		Sched. Completion Date (11) 07/22/2019			
Occupancy Status During Abatement (Check only one)					
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>occupied &amp; start 3:30 pm</u>					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A						
former Stage area			X	pipe (wrap & cut)	45 LF	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 07/22/19		City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 07/18/2019

*INV #12807*

B & G Proj. #: 2019-161

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

**RECEIVED**

JUL 23 2019

Check # **PG-DAY**

ASBESTOS CONTROL & LICENSING

*AV*

**WAIVER APPROVED**

Date of Notification (1) <u>10/17/18</u> / <u>11/18/18</u>		Name of Building Owner/Operator (2) Bergenfield Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 225 W Clinton Avenue	
		City, State, Zip Code Bergenfield, NJ 07621	
		Name of Contact David DiPisa	Telephone Number 201-385-8801

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Bergenfield High School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 80 South Prospect Avenue			Square Feet		
City (5) Bergenfield			County (6) Bergen	County Code (7) (State use only)	
			Current Use (Prior if being demolished) school NON Sub 8		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		B & G Restoration, Inc.		
City, State, Zip Code		Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 07/16/2019		Sched. Completion Date (11) 07/20/2019	Telephone Number (973)686-6869	License Number 00378
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: <u>occupied start project 7:00 am</u>		Name of OSHA Monitor B & G Restoration, Inc.		
		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> > 3 sf or > 2 lf	<input type="checkbox"/> ≥ 160 sf or ≥ 230 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	M
	Yes	No	N/A						
Classroom 124			X	pipe insulation	8 lf	X			

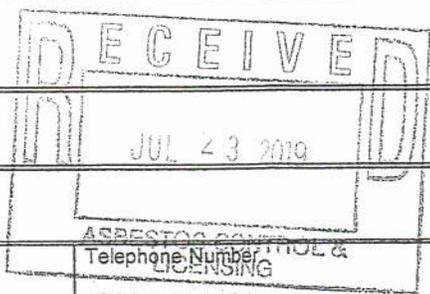
Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 3/4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 07/22/18	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/18/2019

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

B & G proj. #: 2019-161

\*\*\* EMERGENCY \*\*\*

Check # 9423



Date of Notification (1) <u>07/18/19</u>		Name of Building Owner/Operator (2) Bergenfield Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 225 W Clinton Avenue	
		City, State, Zip Code Bergenfield, NJ 07621	
		Name of Contact David DiPisa	
		Telephone Number 201-385-8801	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bergenfield High School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 80 South Prospect Avenue			Square Feet		
City (5) Bergenfield			County (6) Bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) school NON Sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973)696-6869	
				License Number 00378	
Scheduled Start Date (10) 07/19/2019		Sched. Completion Date (11) 07/20/2019		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
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: <u>occupied start project 7:00 am</u>				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

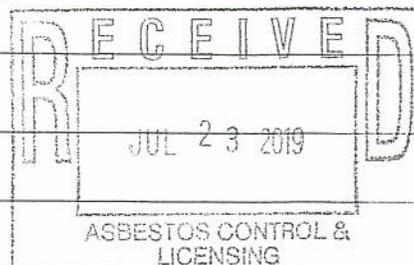
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 124			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 3/4		Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 07/22/19		City, State Pen Argyle, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 07/18/2019	

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

**NOCK**



Date of Notification (1) <u>6</u> / <u>7</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2-7/17/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b>	
		City, State, Zip Code <b>Linden, NJ 07036</b>	
		Name of Contact <b>Fabien Kulynych</b>	Telephone Number <b>609-575-4335</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>4501 Tremley Point Road</b>		Square Feet -	# of Floors -
City (5) <b>Linden</b>		Bldg. Age -	
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>7</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>		
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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>7:00AM-3:30PM</u> / ___ PM - ___ AM		Street Address <b>1123 BEAVER STREET</b>		
		City, State, Zip Code <b>BRISTOL, PA 19007</b>		

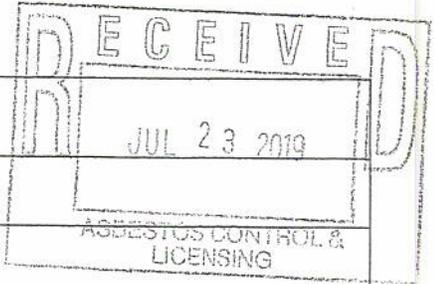
Scope of Work (Check all that apply)

<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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>	City, State <b>Fairless Hills, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni/jl</i>	Date <b>7/17/19</b>		

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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-7/16/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b>							
		City, State, Zip Code <b>Linden, NJ 07036</b>							
		Name of Contact <b>Fabien Kulynych</b>	Telephone Number <b>609-575-4335</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>4501 Tremley Point Road</b>									
City (5) <b>Linden</b>	Square Feet -	# of Floors -	Bldg. Age -						
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>						
			License No. <b>00509</b>						
Start Date (10) <u>7</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>19</u> / <u>19</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>		City, State <b>Fairless Hills, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>	Signature <i>Gino Pizzigoni / gpk</i>			Date <b>7-16-19</b>			

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

*CHK #3586*

**RECEIVED**  
JUL 23 2019  
ASBESTOS CONTROL & TESTING

Date of Notification (1) <u>6</u> / <u>7</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Nustar Energy - Linden</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>5319</i> <input checked="" type="checkbox"/> DHSS <i>6217</i> <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4501 Tremley Point Road</b>
			City, State, Zip Code <b>Linden, NJ 07036</b>
			Name of Contact <b>Fabien Kulynych</b>
		Telephone Number <b>609-575-4335</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>4501 Tremley Point Road</b>		Square Feet	# of Floors
City (5) <b>Linden</b>		-	-
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>7</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>19</u> / <u>19</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

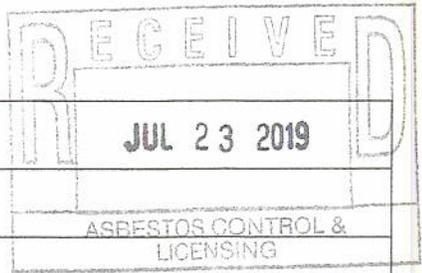
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>	City, State <b>Fairless Hills, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>6-7-19</b>

Check # 1439

**PAID**

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



Date of Notification (1) 06/18/19		Name of Building Owner/Operator (2) Morristown Unitarian Church	
Agencies Notified	Type Notification	Street Address 21 Normandy Heights Rd.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Morristown, NJ. 07960	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact PETER	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 21 Normandy Heights Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown, NJ. 07960	Square Feet 2,000	# of Floors 2	Bldg. Age 94
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A.	ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address 4919 BERGENLINE AVE,	
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ. 07093	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 708-4270	License No. 01300
Start Date (10) 06/19/2019	Scheduled Completion Date (11) 06/20/2019	Name of OSHA Monitor EMSL ANALYTICAL	
Occupancy Status During Abatement (Check Only One)		Street Address 307 W 38TH ST.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code NEW YORK N.Y.	

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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		Roof shingles paper	1,200 SF.	X			

Name of Registered Waste Hauler TRI STATE ASSOCC	NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC
City, State BRONX N.Y.	Disposal Date TBD	City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 06/18/2019

ASB-41 (R-06-08) Inv# - 12065

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

Check # 2040

**PAID**

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

**RECEIVED**  
 JUL 23 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07-13-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified	Type Notification	Street Address 49 Hermon St.	Telephone Number
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07105	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nelson Espinosa	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Little Falls		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Delfa Contracting LLC.	

City (5) Little Falls		07424	Bldg. Age
Current Use (Prior if being demolished)		ASCM No.	License No. 01206
Street Address 1119 East Grand St.		Telephone No. 201 216-9603	
City, State, Zip Code Elizabeth, NJ 07201		Telephone No.	
Project Manager for Monitoring Firm		Telephone No.	

Start Date (10) 07-23-19	Scheduled Completion Date (11) 07-27-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Elizabeth, NJ 07201	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor/ Bathroom		x		Ceiling Tile Mastic	10 SF	x			
Basement		x		Duct Insulation	5 SF	x			

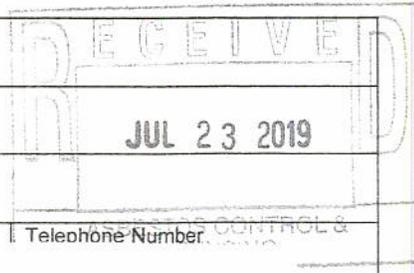
Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ	Disposal Date 07-26-19	City, State Tullytown, PA	
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 07-13-19

Inv# - 13006

Check # 2039

**PAID**

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



Date of Notification (1) 07-13-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Little Falls		Bldg. Age	
County (6) Bergen		County Code (7) (STATE USE ONLY) 07424	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
			License No. 01206
Start Date (10) 07-22-19	Scheduled Completion Date (11) 07-27-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor		x		Joint Compound	1500 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 07-26-19		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-13-19

Inv# - 13007

Check # 2041

**PAID**

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

**RECEIVED**  
**JUL 23 2019**  
 ASBESTOS CONTROL &  
 LICENSING

Date of Notification (1) 07-13-19		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Hermon St.
			City, State, Zip Code Newark, NJ 07105
		Name of Contact Nelson Espinosa	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Little Falls		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
			License No. 01206
Start Date (10) 07-24-19	Scheduled Completion Date (11) 07-30-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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 & 2nd Floor		x		Joint Compound	4,000 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 07-31-19		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-13-19