

RECEIVED  
JUL 30 2019  
37037  
ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) <u>07</u> / <u>26</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>D-1 Chris Smith</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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>33 Paag Lane</b>			
		City, State, Zip Code <b>Little Silver, NJ 07739</b>			
		Name of Contact <b>Chris Smith</b>		Telephone Number <b>732-803-5899</b>	

## FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		08753	
City (5) <b>Toms River</b>		Square Feet <b>1100 sf</b>	# of Floors <b>1</b>
County (6) <b>Ocean</b>		Bldg. Age <b>65</b>	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	

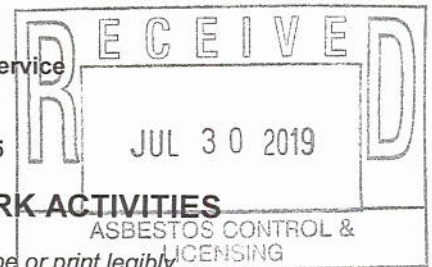
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address				Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code				City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-349-9932</b>	
				License No. <b>00624</b>	

Start Date (10) 08 / 06 / 19	Scheduled Completion Date (11) 08 / 07 / 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 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>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>08/07/19</b>		City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>7/24/19</b>



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

### I. NOTIFICATION INFORMATION

Date of Notification: 07 / 26 / 19

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: The Gillespie Group

Street Address: 5 Chris Court, Suite G City: Dayton State: NJ Zip: 08810

Name of Contact: Bob Gillespie Telephone No.: 732-254-5508

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Doctor Albert Bean Elementary School

Describe Facility Use: School

Street Address: 70 3<sup>rd</sup> Avenue City: Pine Hill State: NJ Zip: 08021

County Name: Camden County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 08 / 12 / 19 Scheduled Completion Date: 08 / 16 / 19

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 2265 Percentage Asbestos:        %

☒ Mastic Square Footage: 2265 Percentage Asbestos:        %

### IV. CONTRACTOR INFORMATION

Company Name: Guardian Contracting, Inc Telephone No.: 732-349-9932

Street Address: 1889 Route 9, Unit 61 City: Toms River State: NJ Zip: 08755

New Jersey Asbestos License Number (if applicable): 00624

Monitoring Firm (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### V. SIGNATURE

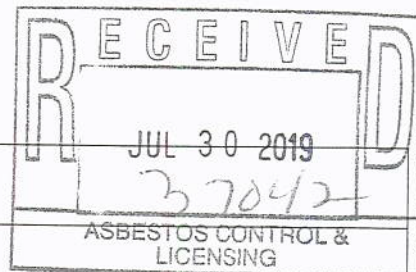
Completed By  
(type or print legibly): Nicholas Fernicola Title: President

Signature:  Date: 07/26/19



Inv 13175  
CK37042

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



Date of Notification (1) <b>07 / 26 / 19</b>		Name of Building Owner/Operator (2) <b>Brenda Connolly</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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Avon, NJ 07717</b> Name of Contact <b>Brenda Connolly</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>2000 sf</b>							
City (5) <b>Avon</b>		# of Floors <b>2</b>							
County (6) <b>Monmouth</b>		Bldg. Age <b>65</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No. _____							
Street Address <b>1889 Rte. 9, Unit 61</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		Street Address <b>1889 Route 9, Unit 61</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Telephone No. <b>732-349-9932</b>		Telephone No. <b>732-349-9932</b>							
Start Date (10) <b>08 / 07 / 19</b>		License No. <b>00624</b>							
Scheduled Completion Date (11) <b>08 / 09 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</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>1056 Stelton</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement/crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos 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>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>08/09/19</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>7/26/19</b>		

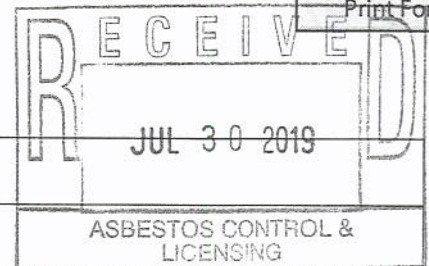


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	JUL 30 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/25/2019		Name of Building Owner/Operator (2) Tsong-Toh Yang							
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	City, State, Zip Code Warren, NJ 07059  Name of Contact Tsong-Toh Yang							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Warren		Square Feet N/A	# of Floors N/A						
County (6) Somerset		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) 08/05/2019		Scheduled Completion Date (11) 08/06/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Vermiculate	150 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 Ned Joksimovic		Title Project Manager		Signature			Date 07/25/2019		





Ch2172

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

Date of Notification (1) 07/25/2019		Name of Building Owner/Operator (2) Condominium Association, Inc.							
Agencies Notified	Type Notification	Street Address 2000 Linwood Avenue	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact Cyndy Pirrera	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 Linwood Avenue		Square Feet N/A	# of Floors N/A						
City (5) Fort Lee		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Building							
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. 9733458685	License No. 01311						
Start Date (10) 07/26/2019	Scheduled Completion Date (11) 07/31/2019	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Boiler Room		X		Pipe Insulation	80 LF	X			
Boiler Room		X		Breaching Insulation	650 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 Ned Joksimovic		Title Project Manager	Signature 	Date 07/25/2019					



CH 24232

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

Print Form

**R E C E I V E D**

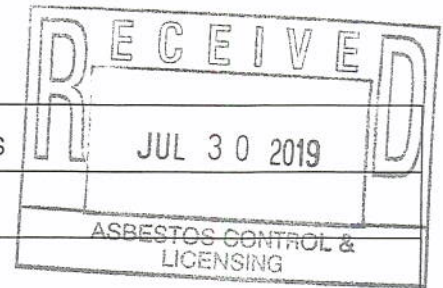
JUL 30 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/26/2019 <i>INV 1391</i>		Name of Building Owner/Operator (2) COLUMBIA CONTAINER SERVICES						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1100 POLARIS STREET						
		City, State, Zip Code ELIZABETH, NJ 07201						
		Name of Contact RICHARD BURKETT	Telephone Number 908-965-2035					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) MAHER TERMINAL BLDG 1510 CHASSIS DEPOT - TRAILERS		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 SOUTH BAY AVENUE		Square Feet	# of Floors					
City (5) ELIZABETH		Bldg. Age						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No. 00003	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE						
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm JAMES ORGERA		Telephone No. 856-840-8800	Telephone No. 973-956-8700					
		License No. 00494						
Start Date (10) 8/8/2019	Scheduled Completion Date (11) 8/14/2019		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
EXTERIOR		X		2,500 SF	X			
			ROOF PITCH POCKETS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 8/14/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>		Date 7/26/2019			



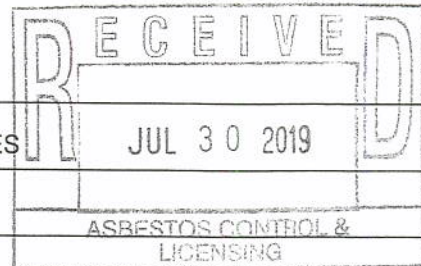
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/30/2019		Name of Building Owner/Operator (2) COLUMBIA CONTAINER SERVICES							
Agencies Notified	Type Notification	Street Address 1100 POLARIS STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH, NJ 07201							
		Name of Contact RICHARD BURKETT	Telephone Number 908-965-2035						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MAHER TERMINAL BLDG 1510 CHASSIS DEPOT - TRAILERS		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 SOUTH BAY AVENUE		Square Feet	# of Floors						
City (5) ELIZABETH		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No. 00003	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JAMES ORGERA		Telephone No. 856-840-8800	License No. 00494						
Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>EXTERIOR</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF MEMBRANE/	2,500 SF	X			
				ROOF PITCH POCKETS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 4/30/2019					



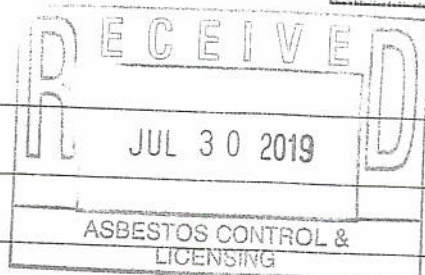
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/19/2019		Name of Building Owner/Operator (2) COLUMBIA CONTAINER SERVICES							
Agencies Notified	Type Notification	Street Address 1100 POLARIS STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 ELIZABETH, NJ 07201							
		Name of Contact RICHARD BURKETT	Telephone Number 908-965-2035						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MAHER TERMINAL BLDG 1510 CHASSIS DEPOT - TRAILERS		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 SOUTH BAY AVENUE		Square Feet	# of Floors						
City (5) ELIZABETH		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No. 00003	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JAMES ORGERA		Telephone No. 856-840-8800	Telephone No. 973-956-8700						
		License No. 00494							
Start Date (10) 5/1/2019	Scheduled Completion Date (11) 5/6/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>EXTERIOR</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF MEMBRANE/	2,500 SF	X			
				ROOF PITCH POCKETS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 5/6/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 4/19/2019					



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



**CH 11449**

Date of Notification (1)  
07/25/2019

Inv 13190

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

Type Notification  
☒ Initial  
☒ Amended  
☐ Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Lawrence Township Middle School

Street Address  
2565 Princeton Pike

City, State, Zip Code  
Lawrenceville, NJ 08648

Name of Contact  
Thomas Eldridge

Telephone Number  
609-671-5420

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Lawrence Middle School

Street Address  
2455 Princeton Pike

City (5)  
Lawrenceville

County (6)  
Mercer

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
104,000

# of Floors  
3

Bldg. Age  
67

Current Use (Prior if being demolished)  
Middle School

Name of Monitoring Firm Hired by Building Owner (8)  
TTI Environmental

ASCM No.  
00003

Name of Abatement Contractor (9)  
United Safety LLC

Street Address  
1253 North Church St

Street Address  
22 Troy Lane

City, State, Zip Code  
Moorestown, NJ 08057

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
Michael R. Keehn

Telephone No.  
856-840-8800

Telephone No.  
973-276-0099

License No.  
01317

Start Date (10)  
07/15/2019

Scheduled Completion Date (11)  
08/05/2019

Name of OSHA Monitor  
United Safety LLC

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

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

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

Location of Asbestos-Containing Material (ACM) 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 FL/2nd FL Bathroom		X		Pipe Insulation Wrap & Cut	57 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  
GROWS Landfill

City, State  
Yardley, PA

Disposal Date  
TBD

City, State  
Morrisville, PA

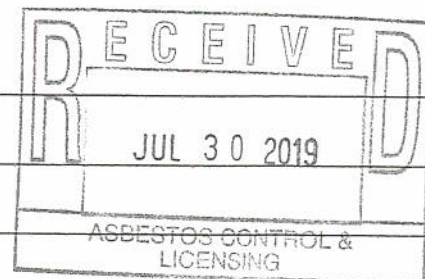
Completed by  
Vanco Petkov

Title  
Project Manager

Signature

Date  
07/25/2019

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



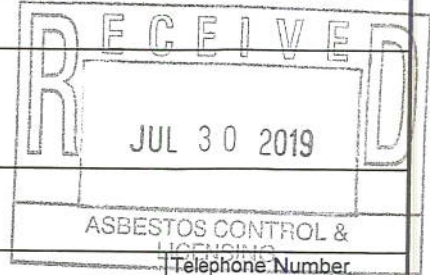
Date of Notification (1) 7-23-2019		Name of Building Owner/Operator (2) 400 Newark Realty, LLC							
Agencies Notified	Type Notification	Street Address 47 Mill Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 Jersey City, NJ 07302							
		Name of Contact Gerald Eglentowicz	Telephone Number 732-991-1173						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1873	# of Floors 2						
City (5) Jersey City, NJ		Bldg. Age 70+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 8-2-2019	Scheduled Completion Date (11) 8-3-2019	Name of OSHA Monitor Green Environmental Services, 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 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing material	810 SF	X			
Basement		X		Pipe insulation	75 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 8-3-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>	Date 7-23-2019					



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

Check # 2092

Date of Notification (1) <b>July 26, 2019</b>		Name of Building Owner/ Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Cancellation	<b>2 Centre Drive</b>	
		City, State & Zip Code <b>Monroe Township, NJ</b>	
		Name of Contact <b>Tom Ashman</b>	
		Telephone Number <b>607-624-9548</b>	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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, home, etc.)	
Street Address <b>2 Centre Drive</b>		Square Feet <b>6,000</b>	# of Floors <b>1</b>
City (5) <b>Monroe Township</b>		Bldg. Age <b>50</b>	
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US, Inc.</b>		ASCM No. <b>ASCM No.</b>	
Street Address <b>35 Columbia Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>908-526-1000</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>August 9, 2019</b>	Scheduled Completion Date (11) <b>August 29, 2019</b>	Name of OSHA Monitor <b>Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input 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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Safety Deposit Viewing Area			X	Cove Base Mastic	5 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>August 30, 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>July 26, 2019</b>				

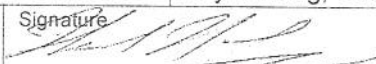
CH 1565

Inv-13204

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

PAID

RECEIVED	1565
	JUL 30 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) July 25, 2019		Name of Building Owner/Operator (2) Vertellus Specialties, Inc.							
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 35 Avenue A		City, State, Zip Code Bayonne, NJ 07002							
Name of Contact Guy Miller		Telephone Number (570) 369-6937							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vertellus Specialties, Inc.		Type of Facility (4)							
Street Address 35 Avenue A		<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) Bayonne, NJ		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Plant							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.							
Street Address 2200 Paterson Plank rd # 7		Name of Abatement Contractor (9) The MACK Group, LLC							
City, State, Zip Code North Bergen, NJ 07047		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm Carmello Altomonte		City, State, Zip Code Cherry Hill, NJ 08034	Telephone No. (973) 759 - 5000						
Start Date (10) 08/12/2019		License No. 00781	Scheduled Completion Date (11) 10/31/2019						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<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 1500 Kings HWY N, STE 209							
Scope of Work (Check All That Apply)		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag-Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input checked="" type="checkbox"/>			Pipe Insulation	1857 lf	<input checked="" type="checkbox"/>			
Bld 8 2nd floor	<input checked="" type="checkbox"/>			Tank Insulation	90 sf	<input checked="" type="checkbox"/>			
Bld 8 Ground Floor	<input checked="" type="checkbox"/>			Tank Insulation	70 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Spartan		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 20.2	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Newark, NJ / Donora, PA		Disposal Date 10/31/2019		City, State Waynesburg, OH					
Completed by Mike Cooper		Title President		Signature 			Date 07/25/19		

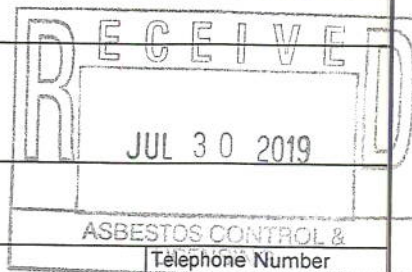


Inv 13189

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

Check # 2091

Date of Notification (1) <b>June 18, 2019</b>		Name of Building Owner / Operator (2) <b>J. P. Morgan Chase</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>1111 Polaris Parkway</b>  City, State & Zip Code <b>Columbus, OH 43240</b>  Name of Contact <b>Mike Humphries - JLL for JPMorgan Chase</b>	
		Telephone Number <b>347-946-5162</b>	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</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, home, etc.)	
Street Address <b>289 Market Street</b>		Square Feet	# of Floors <b>1</b>
City (5) <b>Saddle Brook</b>		Bldg. Age <b>60 Years</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>		ASCN No.	
Street Address <b>120D Wilbur Place</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Bohemia, NY 11716</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Steve Cotrone</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>631-567-1777</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>August 10, 2019</b>	Scheduled Completion Date (11) <b>September 10, 2019</b>	Name of OSHA Monitor <b>Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 1$ lf                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Bank			X	Carpet Mastic	3,600 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Hills</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>September 11, 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>		Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>July 26, 2019</b>			

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

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

**RECEIVED**  
 JUL 30 2019

CH 7482

Date of Notification (1) 7/26/19 <i>Inv 13201</i>		Name of Building Owner/Operator (2) Jenice McCrary Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Jenice	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jenice McCrary 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 1000 +	# of Floors 2						
City (5) Atlantic City NJ 08401		Bldg. Age 35+							
County (6) Atlantic	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 8/5/19		Scheduled Completion Date (11) 8/12/19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 siding			x	exterior siding	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/13/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 7/26/19			



CH4577 Inv 1399 PAID State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
 JUL 30 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/27/19		Name of Building Owner/Operator (2) RIZO ESTATES	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield N.J. Name of Contact MR ALEX Jesus	

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield N.J.		Square Feet 2,500	# of Floors 2
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) HOUSE	

Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		NOVATECH	
Project Manager for Monitoring Firm		Street Address	
Telephone No.		P.O. Box 814	
Start Date (10) 7/05/19		City, State, Zip Code	
Scheduled Completion Date (11) 8/27/19		010 Bridge N.J. 08857	
Occupancy Status During Abatement (Check Only One)		Telephone No. 732 238-7500	
<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:		License No. 00806	
Scope of Work (Check All That Apply)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		NOVATECH	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address	
<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		P.O. Box 814	
		City, State, Zip Code	
		010 Bridge N.J. 08857	

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	250 LF X				

Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State 010 Bridge N.J. 08857		Disposal Date 7/19/19	City, State Morrisville P.A.		
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature Carlos Almeida	Date 7/27/19	



INV 13197

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)Via U.S. Mail  
Check # 4579

Date of Notification (1) 7/26/19		Name of Building Owner/Operator (2) MR. Raymond D. Alexander						
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 S. RIVER N.J. 08888	Telephone Number [REDACTED]					
Name of Facility Where Abatement is Taking Place (3) [REDACTED]								
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) S. RIVER N.J.	County (6) Middlesex	Square Feet 2,000	# of Floors 2					
County Code (7) (STATE USE ONLY)		Bldg. Age 80	Current Use (Prior if being demolished) HOUSE					
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) NOVATECH					
Street Address [REDACTED]		Street Address P.O. Box 814						
City, State, Zip Code [REDACTED]		City, State, Zip Code Old Bridge N.J. 08857						
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 00806					
Start Date (10) 8/4/19		Scheduled Completion Date (11) 9/4/19						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH						
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address P.O. Box 814						
City, State, Zip Code Old Bridge N.J. 08857		[REDACTED]						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT			X PIPE INSULATION	<100 LF	X			
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 4	Name of Registered Landfill GOWS				
City, State Old Bridge N.J. 08857		Disposal Date [REDACTED]		City, State Pittsville PA.				
Completed by CARLOS ALMEIDA		Title RESIDENT		Signature [REDACTED]		Date 7/26/19		



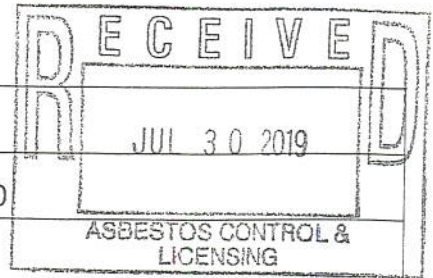
**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

Inv 13194

CK# 2696

Date of Notification (1) 7/25/19		Name of Building Owner/Operator (2) Dave and Nick Perotti LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>JUL 30 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 23 South Union Ave							
<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 Cranford, NJ							
		Name of Contact							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Apartment				Type of Facility (4)					
Street Address 23 South Union Ave				<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) Cranford				Square Feet 3000	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026	License No. 01255				
Start Date (10) 8/3/19	Scheduled Completion Date (11) 8/31/19		Name of OSHA Monitor Harmony Contracting Inc						
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<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 Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Apartment			x	Wall & Ceiling Plaster	3,000 SF	x			
Name of Registered Waste Hauler Harmony Contracting INC		NJDEP Waste Hauler ID No. 033085		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 7/25/19			

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



Inv # 13216  
CK 44423 PAID

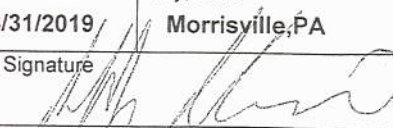
Date of Notification (1) 7/29/19		Name of Building Owner/Operator (2) Macerich							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 401 Santa Monica Blvd. Suite 700		City, State, Zip Code Santa Monica CA 90401							
Name of Contact Aladdin Ghafari		Telephone Number 424-229-3387							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Sears Store		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 1750 Deptford Center Road		Square Feet 150000	# of Floors 2						
City (5) Deptford Township		Bldg. Age 30+							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		ASCM No.	Name of Abatement Contractor (9) Associated Speciality Contracting Inc						
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave							
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342							
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	License No. 01103						
Start Date (10) 5/15/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor Synertech							
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 2206 S Broad St							
		City, State, Zip Code Philadelphia Pa 19145							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Store Roof	x			roofing	71,000sf	x			
east side entrance canopy	x			transite	500sf	x			
south side entrance canopy	x			transite	500sf	x			
				f					
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400	Name of Registered Landfill Tulleytown Resources Recovery Landfill					
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA					
Completed by Jack Tomasura		Title SR Estimator		Signature <i>Jack Tomasura</i>		Date 7/29/19			



IN #13219  
PAID

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

CK #1130

Date of Notification (1) 07 / 29 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 30 2019 ASBESTOS CONTROL &amp; LICENSING 301-802-5112 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ							
		Name of Contact Brian Kingsbury							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 107 5th Street									
City (5) Surf City, NJ 08008				Square Feet 10,000	# of Floors 6				
County (6) Ocean		County Code (7)(STATE USE ONLY)		Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 8436 Enterprise Avenue				Street Address 47 Foster Road					
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code Staten Island NY 10309					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 718-605-6256	License No. 00774				
Start Date (10) 08 / 08 / 19		Scheduled Completion Date (11) 08 / 31 / 19		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM				Street Address 10 59 Jackson Avenue					
				City, State, Zip Code LIC NY 11101					
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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ				Disposal Date 08/31/2019	City, State Morrisville, PA				
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 07-29-19			



Inv # 1320 PAID

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

CK  
#1129



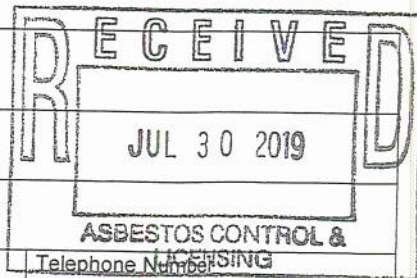
Date of Notification (1) 07 / 29 / 19		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 South Broadway City, State, Zip Code White Plains, NY 10601 Name of Contact Dino Nappi							
Telephone Number 516-972-8809									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 15 Yawpo Avenue		Square Feet 5,000							
City (5) Oakland, NJ 07436		# of Floors 1	Bldg. Age 45						
County (6) Bergen	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809	License No. 00774						
Start Date (10) 08 / 10 / 19	Scheduled Completion Date (11) 08 / 31 / 19		Name of OSHA Monitor Testor Tech						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM		Street Address 10- 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Front Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Rear Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Behind Teller Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covebase Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 08/31/2018		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 07-29-19			



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

**Inv # 13221 PAID**

**CK # 1128**



Date of Notification (1) <b>07 / 29 / 19</b>		Name of Building Owner/Operator (2) <b>Verizon</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>1 Verizon Way</b>	
		City, State, Zip Code <b>Basking Ridge, NJ</b>	
		Name of Contact <b>Brian Kingsbury</b>	
		Telephone Number <b>301-802-5112</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon</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>1 Verizon Way</b>		Square Feet <b>10,000</b>	
City (5) <b>Basking Ridge, NJ</b>		# of Floors <b>6</b>	Bldg. Age <b>50</b>
County (6) <b>Somerset</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management Inc.</b>		ASCM No.	
Street Address <b>8436 Enterprise Avenue</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		Street Address <b>47 Foster Road</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		City, State, Zip Code <b>Staten Island NY 10309</b>	
Telephone No. <b>215-365-5810</b>		Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>
Start Date (10) <b>08 / 08 / 19</b>	Scheduled Completion Date (11) <b>09 / 31 / 19</b>	Name of OSHA Monitor <b>Testor Tech</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM <b>6:00PM-2:30AM</b>		Street Address <b>10 59 Jackson Avenue</b>	
		City, State, Zip Code <b>LIC NY 11101</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Valve Gaskets</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>	
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>08/31/2019</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>	Signature 	Date <b>07-29-19</b>		



Inv 13212  
CH3028

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

RECEIVED	
JUL 30 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 7-26-2019		Name of Building Owner / Operator (2) Jefferson Health	
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 18 E. Laurel Road		City, State & Zip Code Stratford, NJ 08084	
Name of Contact Mr. John Ferraina		Telephone Number 856-346-6000	

FACILITY INFORMATION

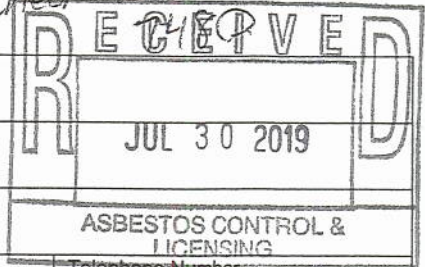
Name of Facility Where Abatement is Taking Place (3) Jefferson Health – Physical Therapy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 18 E. Laurel Road			Square Feet 250,000		
City (5) Stratford, NJ 08084			County (6) Camden		Bldg. Age 52
County Code (7)			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			ASCM No.		
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, Pa. 19020			Street Address 2115 Hamilton Ave, Ste 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			City, State & Zip Code Trenton, NJ 08619		License Number 01185
Scheduled Start Date (10) 8-8-2019		Scheduled Comp. 08-		Telephone Number 19-977-6159	
Occupancy Status During Abatement (Check only) <input type="checkbox"/> Facility Closed/Vacated During Entire Period <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor Environmental Laboratories, Inc.		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			Street Address Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on insulation	68 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste TBD		Name of Registered Landfill Grows Landfill	
City, State Voorhees, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature 		Date 07/26/2019	



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

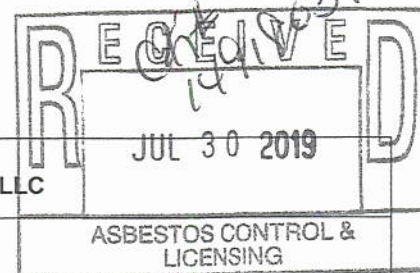


Date of Notification (1) 7/25/19		Name of Building Owner/Operator (2) Allrisk Restoration							
Agencies Notified	Type Notification	Street Address 801 east Clements Bridge Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Runnemede NJ 08078							
		Name of Contact Vince	Telephone Number 609-941-1186						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Inspira Medical Center Woodbury		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 509 North Broad Street		Square Feet 10000 +	# of Floors 10						
City (5) Woodbury NJ 08096		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 N Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00727						
Start Date (10) 7/26/19	Scheduled Completion Date (11) 7/29/19	Name of OSHA Monitor Same							
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: Night Shift and Weekend Work After 3 PM Friday		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office Area 1st Fl			x	Floor Tile & Mastic	142 SF	x			
Staff Locker room 1st Fl			x	Floor tile & Mastic	458 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/29/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 7/25/19			



Invl 3066  
CH 14918039

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



Date of Notification (1) <u>07</u> / <u>19</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Aarons Asbestos &amp; Demolition Service, LLC</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>801 E 9th St</b> City, State, Zip Code <b>Chester PA 19013</b> Name of Contact <b>Devin Blom</b> Telephone Number <b>(484)535-1270</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>304 West Route 38</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.)	
City (5) <b>Moorestown</b>		Square Feet	# of Floors <b>8</b>
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1926</b>
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>Office Building</b>	
ASCM No.		Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>	
Street Address		Street Address <b>958 Jackson Rd</b>	
City, State, Zip Code		City, State, Zip Code <b>Mays Landing, NJ 08330</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>
Start Date (10) <u>07</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>07</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</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: <u>7AM-11:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>958 Jackson Rd</b> City, State, Zip Code <b>Mays Landing, NJ 08330</b>	

Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  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
See Attachment (next page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attachment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Graham-Tech Environmental Service</b>	NJDEP Waste Hauler ID No. <b>0034500</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Pioneer Crossing</b>
City, State		Disposal Date	City, State
Completed By (Print or Type) <b>Vernice Graham</b>	Title <b>President</b>	Signature 	Date <b>7-19-19</b>





## GRAHAM TECH ENVIRONMENTAL SERVICE LLC

958 Jackson Rd Mays Landing, NJ 08330

OFFICE#: (609)561-1901

CELL#: (856) 993-1263

FAX#: (609)561-1902

EMAIL: GRAHAMTECHENVIRONMENTALSERVICE@YAHOO.COM



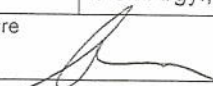
July 19, 2019

### ACM Removal for 304 West Route 38 Moorestown, NJ

1. Central East and Central West Section of Floor#2: Removal of 1,920SqFt of Asbestos Black Glue Dots on the Masonry Walls Associated with the lavatories.
2. Northeast Section of Floor#2: Removal of 5,400SqFt of Asbestos Mastic.
3. Floor #1 and Floor #2: Removal of 1,620SqFt of Asbestos Floor Tile and Associated Mastic.
4. First Floor (East of the Elevator): Removal of 224SqFt of Asbestos Floor Tile and Associated Mastic.
5. First Floor (Janitor Closet adjacent to the south tower stairs): Removal of 40SqFt of Asbestos Tile and associated Mastic.
6. First Floor (Kitchenette adjacent to the elevator mechanical room): Removal of 30SqFt of Floor Tile and associated Mastic.
7. First Floor (Entrance to the Ladies rooms at both the central east and central west): Removal of 80SqFt of Asbestos Floor Tile and associated Mastic.
8. First Floor (North Tower Entrance Hallway): Removal of 450SqFt of Asbestos Matic.
9. First Floor (Closet adjacent to the Conference Room): Removal of 15SqFt of Floor Tile and associated Mastic.
10. First Floor (Kitchenette adjacent to the Conference Room): Removal of 30SqFt of Floor Tile associated Mastic.
11. First Floor (Along the Interior Walls): Removal of 400SqFt of Asbestos Floor Tile and Associated Mastic.
12. First Floor ("26 SEPARATE AREAS"): Removal of 80SqFt of Asbestos Mastic Residual.
13. First and Second Floor (South Tower Stair Landings): Removal of 314SqFt of Asbestos 9x9 Brown Floor Tile and associated Mastic.
14. Second Floor (North Tower Stair Landings): Removal of 50SqFt of Asbestos 9x9 Brown Floor Tile and associated Mastic.
15. Second Floor (Janitor Closet): Removal of 40SqFt of Asbestos Floor Tile and associated Mastic.

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

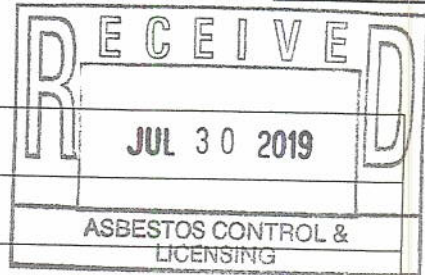


Date of Notification (1) 7/26/19 <b>JHV 13215</b>		Name of Building Owner/Operator (2) Buddy Gerrity							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Union, NJ 07083							
		Name of Contact Buddy Gerrity							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) Union		Bldg. Age 85							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 8/5/19		Scheduled Completion Date (11) 8/18/19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement crawlspace</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement crawlspace			X	pipe insulation	30 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/26/19			



CK14892256

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



Date of Notification (1) 07/18/2019		Name of Building Owner/Operator (2) KRISTINA VALDIVI MALIK	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code GUTTENBERG NJ, 07093	
Name of Contact LESTER GARCIA		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) GUTTENBERG NJ. 07093	
County (6) HUDSON		County Code (7) (STATE USE ONLY)	Square Feet 2,500
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	# of Floors 1
Street Address		Bldg. Age 99	
City, State, Zip Code		Current Use (Prior if being demolished) YES	
Project Manager for Monitoring Firm		Telephone No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Start Date (10) 07/20/2019		Scheduled Completion Date (11) 07/21/2019	Street Address 4919 GERGENLINE AVE,
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code WEST NEW YORK N.J. 07093	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Telephone No. 201 - 776 - 0642	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		License No. 01300	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Shed Garage		Name of OSHA Monitor EMSL ANALITYCAL INC.	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Flat Roof		Street Address 307W. 38TH ST.	
Amount (Specify SF or LF) 220 SF.		City, State, Zip Code NEW YORK N.Y. 10018	
Abatement Type Removal Repair Encapsulate Enclosure		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	
City, State BRONX N.Y.		Cubic Yards of Waste TBD	
Completed by CARLOS ESQUIVEL		Name of Registered Landfill MINERVA ENTERPRISE INC	
Title OWNER		City, State WAYNERBURG, OHIO	
Signature [Signature]		Date 07/18/2019	

CH1555 Inv-13163

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 2:20 N.J.A.C. 7:26-2.12)

**PAID**

<b>RECEIVED</b>	
JUL 30 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1): 7/26/2019		Name of Building Owner/Operator (2) The Newark Public Schools	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200

**FACILITY INFORMATION**

Name of Facility: Benjamin Franklin 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.)	
42 Park Avenue			Square Feet: # of Floors:	
City/ (5) Newark	County (6): Essex	County Code (7): 07104	Bldg. Age Current Use: School	
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>	
Street Address: 17 Pleasant Hill Road			Street Address: <b>358 Broadway</b>	
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: <b>Newark, NJ 07104</b>	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-642-1751	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>
Start Date (10): 7/29/19	Scheduled Completion Date (11): 7/30/19		Name of OSHA Monitor: Metro Analytical Laboratories	
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 type="checkbox"/> Other Describe:			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>	
			City, State, Zip Code: <b>New York, New York, 10018</b>	

Scope of Work (Check all that apply):

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  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	Encapsulat	Enclosure
BASEMENT CORRIDOR		X		FLOOR TILE AND MASTIC	130 SF	*			*

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES, LLC.	
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688	
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: <i>Chinyelu Oraegbunam</i>	Date: 7/26/2019	



24.07.2019 07:57 AM

A. Mac Contracting

2012620321

Inv 13046  
CK1279

# RAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:130)

RECEIVED  
PAGE 2/2  
JUL 30 2019  
Check # 1073  
DOL - 10 DAY  
ASBESTOS CONTROL & LICENSING  
JUL 24 2019  
WALKER APPROVED

Date of Notification (1) <b>7/24/19</b>		Name of Building Owner/Operator (2) <b>COBB / FALCONE</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code <b>ALLANDALE NJ 07401</b>					
Name of Contact <b>STANIS FISHER</b>		Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Squares Feet <b>1650</b>					
City (5) <b>ALLANDALE</b>		# of Floors <b>2</b>					
County (6) <b>Bergen</b>		Bldg. Age <b>60</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Res</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>					
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ 07432</b>					
Telephone No.		Telephone No. <b>201-262-5541</b>					
Start Date (10) <b>7/24/19</b>		License No. <b>00168</b>					
Schedule Completion Date (11) <b>7/31/19</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address <b>280 Huyler Street</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 15 of or 23 ft 2160 of or 3280 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
<b>1st Floor</b>	<b>X</b>	<b>VAT</b>	<b>329 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04809</b>					
City, State <b>Newark, NJ 07106</b>		Cubic Yards of Waste <b>1</b>					
Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		City, State <b>Pen Argyl, PA 06072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>					
Signature <b>R. McDonald</b>		Date <b>7/28/19</b>					



Inv 13109  
CH653

State of New Jersey  
Notification of Asbestos Abatement  
Pursuant to N.J.A.C. 8:60-7 and 12:120-7

Check # 653

RECEIVED	
JUL 30 2019	
ASBESTOS CONTROL &	
Telephone Number	

Date of Notification (1) 7/26/2019		Name of Building Owner/Operator (2) Private House	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		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 [REDACTED]		City, State, Zip Code East Denville, NJ 07834	
Name of Contact Tom Hannan		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) X Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # 2300 of Floors: 2 Bldg. Age: 57 years old Current Use (prior if being demolished):	
Street Address [REDACTED]		City, State, Zip Code East Denville, NJ 07834	
City (5) East Denville	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	
Street Address		Name of Contractor (9) BL Contracting Inc.	
City, State, Zip Code		Street Address 5 Marguerite Lane	
Project Manager for Monitoring Firm		City, State, Zip Code Towaco NJ 07082	
Telephone Number		Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 8/06/2019		Scheduled Completion Date (11) 8/26/2019	
Name of OSHA Monitoring BL Contracting, Inc.		Street Address 5 Marguerite Lane	
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 Describe <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-4:30 PM		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <math>X \geq 160</math> sf or <math>\geq 260</math> lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove-bag Procedure  <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/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)
Basement	<input checked="" type="checkbox"/>	Floor Tile	300 SF
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 6
Name of Registered Landfill T.R.R..F		Disposal Date 8/24/2019	City, State Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 7/26/2019



Inv 13188

B &amp; G proj. #: 2019-168

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

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

Check #9461

Date of Notification (1) <u>10/17/2019</u>		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 30 2019 ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address 2 Cedar Street		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106		
		Name of Contact Paulinus Egu		
		Telephone Number 973-733-7355		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) University 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 55 Clinton Place			Square Feet		
City (5) Newark, NJ 07108			# of Floors		
County (6) Essex			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) Omega Environmental Services, Inc.		ASCM No. 120		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 280 Huyler Street		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code South Hackensack, NJ 07606		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm Rey Montes de Oca		Phone Number 201-489-8700		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 07/29/2019		Sched. Completion Date (11) 08/02/2019		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				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      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☒ 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						
BASEMENT			<input checked="" type="checkbox"/>	VAT & mastic	1870 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE			<input checked="" type="checkbox"/>	VAT & mastic	168 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIBRARY			<input checked="" type="checkbox"/>	VAT & mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 22	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/02/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/26/2019



RECEIVED Print Form  
JUL 30 2019  
ASBESTOS CONTROL & LICENSING

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

PK# 5348  
Inv 13187

Date of Notification (1) 7-26-19		Name of Building Owner/Operator (2) River Street Realty, LLC	
Agencies Notified	Type Notification	Street Address 165 27th St	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brooklyn, NY 11232	
		Name of Contact Aldo Frostaci	Telephone Number 718 768 0707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) River Street Realty, LLC 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 4 RIVER STREET		Square Feet 5000	# of Floors 3
City (5) SEA BRIGHT		Bldg. Age 150	
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DECOMMISSIONED SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) NONE		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 8-7-19	Scheduled Completion Date (11) 8-23-19	Name of OSHA Monitor MARK JERICHO	
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: 7AM - 7PM		Street Address 57A MAIN ST.	
		City, State, Zip Code LINCOLN PARK, NJ	

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 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				Siding	200 SF	<input checked="" type="checkbox"/>			
EXTERIOR				CAULKING	700'	<input checked="" type="checkbox"/>			
4th, 3rd FLOORS				PLASTER CLEANUP	1200 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler FCI	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill FAIRLESS HILLS
City, State Freehold, NJ	Disposal Date 8/23/19	City, State MORRISVILLE, PA.	
Completed by CAROL L. WEST	Title PRESIDENT	Signature [Signature]	Date 7-26-19



CK# 5350  
Inv 13185

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:129)

RECEIVED  
JUL 30 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
7/26/19

Name of Building Owner/Operator (2)  
Colleen Lowe

Street Address  
[REDACTED]

City, State, Zip Code  
Bradley Beach, New Jersey 07720

Name of Contact  
Colleen

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Lowe Residence

Street Address  
[REDACTED]

City (5)  
Bradley Beach

County (6)  
Monmouth

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
3100

# of Floors  
2

Bldg. Age  
100+

Current Use (Prior if being demolished)  
Residence

Name of Monitoring Firm Hired by Building Owner (8)  
[REDACTED]

ASCM No.  
[REDACTED]

Name of Abatement Contractor (9)  
Ace Insulation Co., Inc

Street Address  
95 Montrose Rd

City, State, Zip Code  
Colts Neck, New Jersey

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
732 294 1757

License No.  
00029

Start Date (10)  
8/1/19

Scheduled Completion Date (11)  
8/9/19

Occupancy Status During Abatement (Check Only One)

<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours
<input checked="" type="checkbox"/> Other - Describe: 7am-7pm

Street Address  
[REDACTED]

City, State, Zip Code  
[REDACTED]

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			✓	pipe insulation	150 LF	✓			
basement			✗	floor tile	75 SF	✗			

Name of Registered Waste Hauler  
Ace Insulation Co., Inc

NJDEP Waste Hauler ID No.  
12086

Cubic Yards of Waste  
3

Name of Registered Landfill  
CHRIS FAIRLESS

City, State  
Easton/Morrisville PA

Disposal Date  
8/9/19

Signature  
Bry

Date  
7/26/19

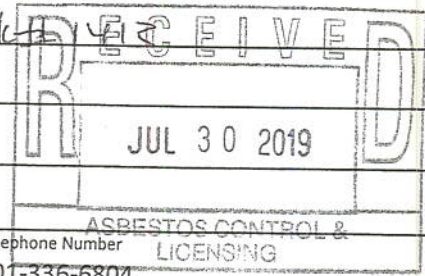
Completed by  
Bree McGuire

Title  
Secretary Treasurer

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

CK 1413

Date of Notification (1) 7/25/19		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
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 1 Bergen County Plaza		City, State, Zip Code Hackensack, NJ, 07601	
Name of Contact Scott Luna		Telephone Number 201-336-6804	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse			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 10 Main St.			Square Feet 342,797		
City (5) Hackensack			# of Floors 5		
County (6) Bergen			Bldg. Age 1957		
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) Courthouse		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc			ASCM No. 00120		
Street Address 280 Huyler Street			Name of Abatement Contractor (9) Unicorn Contracting Corp.		
City, State, Zip Code South Hackensack, NJ, 07606			Street Address 32 Willow Way		
Project Manager for Monitoring Firm Richard Kuiters			City, State, Zip Code Woodland Park, NJ 07424		
Telephone No. 201-489-8700			Telephone No. 973-333-9176		
Start Date (10) 08/09/19			License No. 01331		
Scheduled Completion Date (11) 8/31/19			Name of OSHA Monitor Envirovision Consultants, Inc.		

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 326		X		TSI	50 LF	X			
Room 327		X		TSI	50 LF	X			
Room 111		X		TSI	6 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3+ CU YD	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 7/25/19



CK# 5349

JHV 13180

**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 42:120)

Print Form

JUL 30 2019

**RECEIVED**

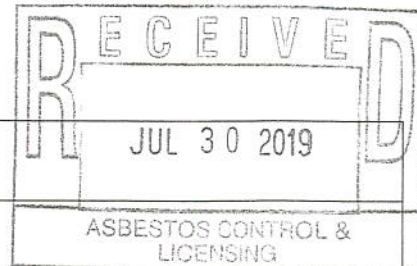
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>7/26/19</b>		Name of Building Owner/Operator (2) <b>Estate of Eileen O'Connell Brown</b>									
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 <b>Convent Station New Jersey 07960</b>									
Name of Contact <b>Kathleen</b>		Telephone Number									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Estate of Eileen O'Connell Brown Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address [REDACTED]		Square Feet <b>3100</b>									
City (5) <b>Convent Station</b>		# of Floors <b>2</b>									
County (6) <b>Morris</b>		Bldg. Age <b>66 years</b>									
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>residence</b>									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.									
Street Address		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc</b>									
City, State, Zip Code		Street Address <b>95 Montrose Rd</b>									
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, New Jersey</b>									
Telephone No.		Telephone No. <b>732 294 1757</b>									
Start Date (10) <b>8/5/19</b>		License No. <b>00029</b>									
Scheduled Completion Date (11) <b>8/9/19</b>		Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am-2pm</b>		Street Address									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>interior</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Yes	No	N/A					
Yes	No	N/A									
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>duct insulation</b>		Amount (Specify SF or LF) <b>8LF</b>									
Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	<input checked="" type="checkbox"/>					
Removal	Repair	Encapsulate	Enclosure								
<input checked="" type="checkbox"/>											
Name of Registered Waste Hauler <b>Ace Insulation Co Inc</b>		NJDEP Waste Hauler ID No. <b>12086</b>									
City, State <b>Colts Neck, New Jersey</b>		Cubic Yards of Waste <b>1</b>									
Name of Registered Landfill <b>Fairless</b>		Disposal Date <b>8/9/19</b>									
City, State <b>Morrisville, PA</b>		Signature <b>[Signature]</b>									
Completed by <b>BreemcGone</b>		Title <b>Secretary/Treasurer</b>									
Date <b>7/26/19</b>		Date <b>7/26/19</b>									



Inv 13178  
CH 5897

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



Date of Notification (1) <b>07 / 26 / 19</b>		Name of Building Owner/Operator (2) <b>Sherwin-Williams</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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 West Prospect Avenue</b>	
		City, State, Zip Code <b>Cleveland, OH 44115</b>	
		Name of Contact <b>Kenneth Stroebel</b>	Telephone Number <b>216-337-2845</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Residential Property</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 [REDACTED]			
City (5) <b>Gibbsboro</b>	County (6) <b>Camden</b>	Square Feet <b>2,800</b>	# of Floors <b>1</b>
County Code (7) (STATE USE ONLY) <b>08024</b>		Bldg. Age <b>50</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>William Stafford</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
Start Date (10) <b>08 / 05 / 19</b>	Scheduled Completion Date (11) <b>08 / 12 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Adjacent to Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>08/12/2019</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Margie Muller</b>	Title <b>Administrative Manager</b>	Signature 	Date <b>7-26-19</b>

*See Attached*



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Living Room		X		Ceramic Tile Wet Bed	50 SF	X
Office		X		Floor Tile and Mastic	135 SF	X

