

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

Handwritten: The noted
RECEIVED
JUN 3 2019
ASBESTOS CONTROL & LICENSING
Telephone Number 609-896-5000

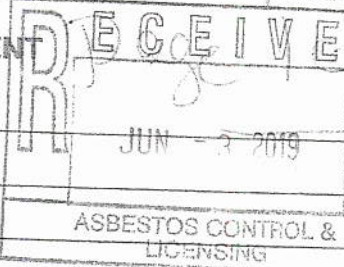
Date of Notification (1) 5-31-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy	

Name of Facility Where Abatement is Taking Place (3) Rider University – Cranberry Café Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc)					
Street Address 2083 Lawrenceville Road				Square Feet 25,000		# of Floors 3		Bldg. Age 57	
City (5) Lawrenceville, NJ		County (6) Mercer		County Code (7)		Current Use (Prior if being demolished) Campus Building			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates				ASCM No.		Name of Abatement Contractor (9) Resource Management Group, LLC			
Street Address 515 Grove Street, Suite 1B				Street Address 2115 Hamilton Ave, Suite 202					
City, State & Zip Code Haddonfield, NJ 08035				City, State & Zip Code Trenton, NJ 08619					
Project Manager for Monitoring Firm Mr. Brian Clark				Telephone Number 856-547-0505		Telephone Number 609-977-6159		License Number 01185	
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-7-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083					

Scope of Work (Check all that apply)									
<input 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"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Process			
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			Enclosure
	Yes	No	N/A			Removal	Repair	Other	
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct rope gasket	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct insulation	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD		Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature <i>[Signature]</i>		Date 5-31-2019	

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



Date of Notification (1) 04-30-2019		Name of Building Owner / Operator (2) Rider University						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
	Street Address 2083 Lawrenceville Road							
	City, State & Zip Code Lawrenceville, NJ 08648							
	Name of Contact Mr. Walter Eddy		Telephone Number 609-896-5000					
	<p align="center">FACILITY INFORMATION</p> Name of Facility Where Abatement is Taking Place (3) Rider University - Cranberry Café Building							
Street Address 2083 Lawrenceville Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Square Feet 25,000 # of Floors 3 Bldg. Age 57					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Current Use (Prior if being demolished) Campus Building					
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) Resource Management Group, LLC						
City, State & Zip Code Haddonfield, NJ 08035		Street Address 2115 Hamilton Ave, Suite 202						
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	City, State & Zip Code Trenton, NJ 08619					
Scheduled Start Date (10) 5-13-2019	Scheduled Completion Date (11) 5-31-2019	Telephone Number 609-977-6159	License Number 01185					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Street Address 2333 Route 22 West		City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Skim Coat	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Leveler (Red)	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler associated mastic	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	1,200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature <i>Brian Haney</i>		Date 04-30-2019			

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

Initial 11577
RECEIVE
JUN - 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04-30-2019		Name of Building Owner / Operator (2) Rider University					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy Telephone Number 609-896-5000				
	FACILITY INFORMATION						
	Name of Facility Where Abatement is Taking Place (3) Rider University - Cranberry Café Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
	Street Address 2083 Lawrenceville Road		Square Feet 25,000 # of Floors 3 Bldg. Age 57				
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Campus Building				
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC				
Street Address 515 Grove Street, Suite 1B		Street Address 2115 Hamilton Ave, Suite 202					
City, State & Zip Code Haddonfield, NJ 08035		City, State & Zip Code Trenton, NJ 08619					
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159				
License Number 01185		Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 5-31-2019					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Procedures							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Sheetrock back	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's & Staff dining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbows	50 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler & residual	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill			
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 	Date 04-30-2019			

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

RECEIVED
Page 3
JUN - 3 2019

Date of Notification (1) 4-30-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 2083 Lawrenceville Road		
	City, State & Zip Code Lawrenceville, NJ 08648		
	Name of Contact Mr. Walter Eddy		Telephone Number 609-896-5000
	ASBESTOS CONTROL & LICENSING		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Cranberry Café Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000	# of Floors 3	Bldg. Age 57
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Campus Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 515 Grove Street, Suite 1B			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Haddonfield, NJ 08035			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 5-13-2019	Scheduled Completion Date (11) 5-31-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct rope gasket	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Containment
Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct insulation	2,000 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"/>	

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 	Date 4-30-2019	

NO CH

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

RECEIVED	JUN - 3 2019
	CK # 1370
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/28/19		Name of Building Owner/Operator (2) Melody Kettle		ASBESTOS CONTROL & LICENSING		
Agencies Notified	Type Notification	Street Address				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]				
		City, State, Zip Code Montclair, NJ 07042		Telephone Number		
		Name of Contact Melody Kettle				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)			
Street Address [REDACTED]						
City (5) Montclair, NJ 07042			Square Feet 2,000	# of Floors 2	Bldg. Age 117	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.			
Street Address		Street Address 32 Willow Way				
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331		
Start Date (10) 6/6/19		Scheduled Completion Date (11) 6/6/19	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM START			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 checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure		
				<input checked="" type="checkbox"/> Glovebag Procedure		
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type	
	Yes	No			N/A	Removal
BASEMENT		X	PIPE INSULATION	30 LF	X	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA		
Completed by Zhivko Nikolov		Title President		Signature		Date 5/28/19


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

Date of Notification (1) 5 / 31 / 19			Name of Building Owner/Operator (2) State of Juvenile Justice Commission			<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN - 3 2019 ASBESTOS CONTR & </div>			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1001 Spruce Street, Suite 202 2nd FL					
City, State, Zip Code Trenton, NJ 08625									
Name of Contact Mike Preisig			Telephone Number 609-633-7330						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Johnstone Correctional Facility - Valentine Hall						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address West Burlington Street									
City (5) Bordentown						Square Feet 45000		# of Floors 3	Bldg. Age 60+
County (6) Burlington			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Admin Building			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection				ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 120 North Warren Street				Street Address 1123 BEAVER STREET					
City, State, Zip Code Trenton, NJ 08010				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Jordan Reed			Telephone No. 609-392-4200		Telephone No. 215-788-6040		License No. 00509		
Start Date (10) 6 / 17 / 19		Scheduled Completion Date (11) 6 / 20 / 19			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____ PM - ____ AM						Street Address 1123 BEAVER STREET			
						City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Enclosure	
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	100 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"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.				NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 C/Y	Name of Registered Landfill Fairless Landfill			
City, State Yardley, PA				Disposal Date 6/20/19	City, State Fairless Hills, PA				
Completed By (Print or Type) Gino Pizzigoni			Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 5-31-19		

CH9702

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

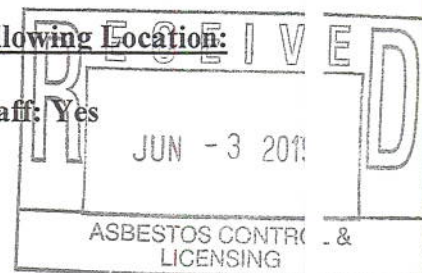
RECEIVED	JUN - 3 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/17/2019		Name of Building Owner/Operator (2) County of Essex						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 900 Bloomfield Avenue		City, State, Zip Code Verona, NJ						
Name of Contact Mr. Sanjeev Varghese		Telephone Number 973-226-8500						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Veterans 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, home etc.)						
Street Address 465-479 Dr. Martin Luther King Jr. Blvd.		Square Feet 240,000	# of Floors 12					
City (5) Newark		Bldg. Age 80						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse						
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address 111 Wood Avenue South		Street Address 1360 Clifton Ave., PMB Suite 218						
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973-379-3400	Telephone No. 973-389-0089					
License No. 00693								
Start Date (10) 06/05/2019	Scheduled Completion Date (11) 07/10/2019	Name of OSHA Monitor DIA General Construction, 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: 4:00 PM - 12:00 AM		Street Address 1360 Clifton Ave., PMB Suite 218						
		City, State, Zip Code Clifton, NJ 07012						
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			Enclosure
	Yes	No			N/A	Removal	Repair	
SEE ATTACHED			DUST CONTROL		x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 90	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 07/10/2019	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager	Signature 			Date 05/24/2019		

List of Asbestos Containing Materials to be Removed from the Following Location:

Note: Is location normally used solely by maintenance/custodial staff: **Yes**

**Veterans Courthouse
465 – 479 Dr. Martin Luther King Jr. Blvd.
Newark, NJ**



Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North End Lawyer's Conference Room	Non-ACM ceiling tiles	225 SF
North End Jury Room 1	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
North End Jury Room 2	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
North End Corridor	Non-ACM ceiling tiles	785 SF
North End Law Library	Non-ACM ceiling tiles	324 SF
North End Secretary Office 1	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
North End Secretary Office 2	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Jury Room 1	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
South End Jury Room 2	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
South End Corridor	Non-ACM ceiling tiles	785 SF
South End Law Library	Non-ACM ceiling tiles	324 SF
South End Secretary Office 1	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Secretary Office 2	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF

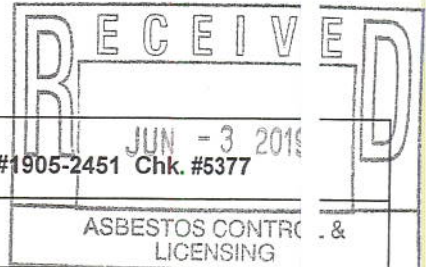
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

INV# 11569

CHK# 3578

Date of Notification (1) 5/30/19		Name of Building Owner / Operator (2) Rider University		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div>	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Lawrenceville, NJ 08648			
		Name of Contact Walter Eddy			
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px;">FACILITY INFORMATION</div>					
Name of Facility Where Abatement is Taking Place (3) Rider University – Fine Arts			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 30,000	# of Floors 3	Bldg. Age 40+
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Dormitory		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 515 Grove Street, Suite B		Street Address 1123 Beaver Street			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-656-2944	Telephone Number (215) 788-6040	License Number 00509	
Scheduled Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/28/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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			
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray On Fireproofing	1,800 SF
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	2,100 SF
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,100 SF
Room 223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	300 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Yardley, PA		Disposal Date 6/29/19	City, State Fairless Hills, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/30/19

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



Date of Notification (1) 5 / 30 / 19		Name of Building Owner/Operator (2) Westgate Management, LLC / Job # 1905-2451 Chk. # 5377						
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 400 Linsley Drive City, State, Zip Code Morristown, NJ 07960 Name of Contact Daniel E. Spialter Telephone Number 973-455-7000						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Westgate Apartments/ Apartment 9A		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 550 Lawrence Road		City (5) Lawrenceville 08648						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Square Feet TBD	# of Floors 2					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 400 Street Road, Suite 100		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 6 / 10 / 19	Scheduled Completion Date (11) 6 / 12 / 19	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <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	Enclosure
Kitchen/Dining Area/Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	335 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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill MICA				
City, State Lafayette, NJ		Disposal Date 6/12/19		City, State Trenton, NJ				
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 			Date 5/30/19	

CH 3576

INV#11567

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

CH#3576

Date of Notification (1) 5 / 29 / 19		Name of Building Owner/Operator (2) South Jersey Gas		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN - 3 2019 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 142 S Main St						
		City, State, Zip Code Glassboro, NJ 08028						
		Name of Contact Collin Woomer		Telephone Number 609-204-0646				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) South Jersey Gas				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 142 S Main St								
City (5) Glassboro				Square Feet	# of Floors			
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Hazards, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 617 Stokes Rd		Street Address 1123 BEAVER STREET						
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 6 / 14 / 19		Scheduled Completion Date (11) 6 / 17 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM			Street Address 1123 BEAVER STREET					
			City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	192 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA		Disposal Date		City, State FAIRLESS HILLS, PA				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 5-29-19		

ASB-41
 MAY 11 10 47 AM '19

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

inv# 11564
CH1685

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

RECEIVED	JUN - 3 201
	ASBESTOS CONTR LICENSING

Date of Notification (1) 05 / 31 / 19		Name of Building Owner/Operator (2) New Jersey Department of Environmental Protection							
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 401 East State Street, PO Box 420 City, State, Zip Code Trenton, NJ 08625 Name of Contact Joseph Maio Telephone Number 973-222-2675							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walter 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 and commercial buildings, homes, etc.)							
Street Address 60 Stuyvesant Road		City, State, Zip Code Green, NJ 07879							
City (5) Green	County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No. 00112	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 344 West State Street		Street Address 27 Outwater Lane							
City, State, Zip Code Trenton, NJ 08601		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Nora M. Pearse		Telephone No. 609-656-8101	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 07 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure	
	Yes	No			N/A	Removal	Repair		Encapsulate
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Corrugated Paper Pipe Insulation	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage- Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Coating over Metal Corrugated Roof	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	72 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Wood Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Coating over Metal Corrugated Roof	128 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting / All Pro Management, LLC		NJDEP Waste Hauler ID No. 0283 / 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill / GROVS North Landfill / Fairless Landfill					
City, State Newark, NJ / Garfield, NJ		Disposal Date TBD		City, State Pen Argyl, PA / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 5/31/19			

B & G proj. #:

2019-135

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

Check # 9342

Date of Notification (1)

05/13/19

Name of Building Owner/Operator (2)

John Koppisch

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

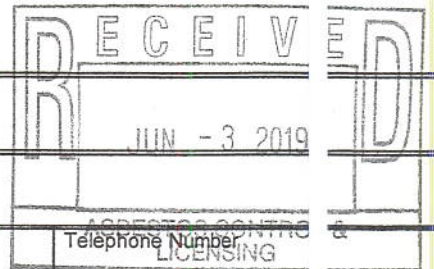
Street Address

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

John Koppisch



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

John Koppisch

Street Address

City (5)

Morristown, NJ 07960

County (6)

Morris

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

06/10/2019

Sched. Completion Date (11)

06/11/2019

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☐ Glovebag procedure☒ >3 sf or >3 lf☐ ≥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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Encap

Encl

basement

☒

pipe insulation

8 lf

☐☐☐Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
06/12/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

05/31/2019

B & G proj. #: 2019-134

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

Check # 9341

Date of Notification (1)

05/13/19

Name of Building Owner/Operator (2)

Maryellen Suscreba

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

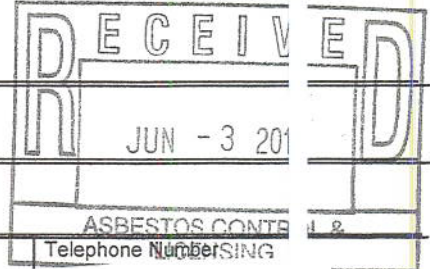
Street Address

City, State, Zip Code

Clifton, NJ 07011

Name of Contact

Maryellen Suscreba



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Maryellen Suscreba

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

City (5)

Clifton, NJ 07013

County (6)

Passaic

County Code (7)

(State use only)

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

06/12/2019

Sched. Completion Date (11)

06/13/2019

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Encap

Encl

basement

pipe insulation

105 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
06/13/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
05/31/2019

CH 5078

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

RECEIVED
JUN 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/21/2019		Name of Building Owner/Operator (2) Gregory Kashdan					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick NJ 08723					
		Name of Contact Gregory Kashdan	Telephone Number				
FACILITY INFORMATION							
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) Newark NJ		Square Feet 3076	# of Floors 3				
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 112 year				
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) All Clean Environmental, LLC				
Street Address 280 Huyler Street		Street Address 100 Louis Street Unit F					
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code South Hackensack NJ 07606					
Project Manager for Monitoring Firm Mr. Geyser Fajardo		Telephone No. 201 489-8700	License No. 01243				
Start Date (10) 05/23/2019	Scheduled Completion Date (11) 06/04/2019	Name of OSHA Monitor Niche Analysis					
Occupancy Status During Abatement (Check Only One)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 5PM		399 Knolwood					
		City, State, Zip Code White Plains NY 10603					
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 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
Basement		x		Pipe insulation	140 LF	x	
Basement		x		Ceiling Panels	750 SF	x	
Name of Registered Waste Hauler Building Owner Responsibility		NJDEP Waste Hauler ID No. N/A	Cubic Yards of Waste	Name of Registered Landfill Building Owner Responsibility			
City, State		Disposal Date		City, State			
Completed by Carmen Repreza		Title Business Manager		Signature 		Date 05/21/2019	

Ch2152

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

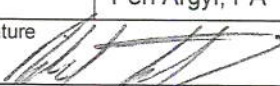
RECEIVED JUN - 3 2019	Form
---------------------------------	-------------

Date of Notification (1) 6/1/19 inv#11563		Name of Building Owner/Operator (2) Melinda Vickerman	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Guttenberg, NJ 07093	
Name of Contact Stephen Roberts		Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Apartment Complex		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 7004 Kennedy Blvd Apt 4E		Square Feet 2000	# of Floors 2
City (5) Guttenberg		Bldg. Age 65 +/-	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	
Street Address		Name of Abatement Contractor (9) All Stages Abatement	
City, State, Zip Code		Street Address 280 N. Midland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663	
Telephone No.		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 6/10/19	Scheduled Completion Date (11) 6/13/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		Street Address	
		City, State, Zip Code	

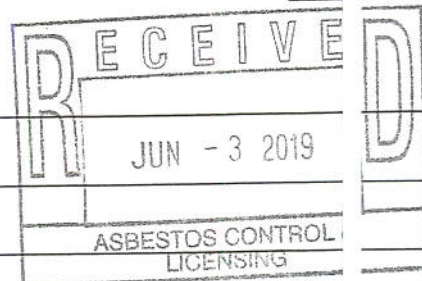
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Living Room		x		Fire Proofing	70 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 6/1/19

CK# 1214

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



Date of Notification (1) 06/01/2019		Name of Building Owner/Operator (2) Susan Lignowski		Street Address [REDACTED]		City, State, Zip Code Kearny, NJ 07032		Name of Contact Susan		Telephone Number					
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		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Street Address [REDACTED]		City (5) Kearny					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)		Square Feet		# of Floors		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) Removal Safety LLC									
Street Address				Street Address 8 Crosby Ave		City, State, Zip Code Paterson, NJ 07502									
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-400-8711		License No. 01332							
Start Date (10) June 12, 2019		Scheduled Completion Date (11) June 15, 2019		Name of OSHA Monitor Same as (9)											
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm				Street Address		City, State, Zip Code									
Scope of Work (Check All That Apply)															
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input 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		Enclosure	
			Yes No N/A									Removal Repair		Encapsulate Enclosure	
Basement						Floor tiles			60 SF			x			
Basement						Pipe insulation			100 LF			x			
Name of Registered Waste Hauler Removal Safety LLC				NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 3		Name of Registered Landfill Fairless							
City, State Paterson, NJ				Disposal Date TBD		City, State Morrisville, PA									
Completed by Lasko Veskov				Title President		Signature 				Date 06/01/2019					

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

R E C E I V E D	
JUN - 3 2019	
ASBESTOS CONTROL LICENSING	

Date of Notification (1) 05/31/2019 <i>INV# 11501</i>		Name of Building Owner/Operator (2) Lindsay Ehler							
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	[REDACTED] City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Lindsay	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet	# of Floors						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
ASCM No.		Name of Abatement Contractor (9) Removal Safety LLC							
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) June 11, 2019	Scheduled Completion Date (11) June 13, 2019	Name of OSHA Monitor Same as (9)							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Enclosure	
Basement			x	Floor tiles	30 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill Fairless					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 05/31/2019			

CH1684 INV#11560

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

RECEIVED
 JUN - 3 2019
 ASBESTOS CONTR
 LICENSING

Date of Notification (1) 05 / 31 / 19		Name of Building Owner/Operator (2) New Jersey Department of Environmental Protection						
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 401 East State Street, PO Box 420						
		City, State, Zip Code Trenton, NJ 08625						
		Name of Contact Joseph Maio	Telephone Number 973-222-2675					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Freeborn House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 60 Stuyvesant Road								
City (5) Green Township		Square Feet	# of Floors					
County (6) Sussex		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No. 00112	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 344 West State Street		Street Address 27 Outwater Lane						
City, State, Zip Code Trenton, NJ 08601		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Nora M. Pearce		Telephone No. 609-656-8101	Telephone No. 973-928-4888					
License No. 1188								
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 07 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 27 Outwater Lane						
		City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 / All Pro Management, LLC		NJDEP Waste Hauler ID No. 0283 / 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill / GROWS North Landfill / Fairless Landfill				
City, State Newark, NJ / Garfield, NJ		Disposal Date TBD		City, State Pen Argyl, PA / Morrisville, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 5/31/19	

CH0110

P A I R

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

Check # 0110

Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NJ 07601	
Name of Contact DONAL FERRELL		Telephone Number 551-996-3778	

FACILITY INFORMATION

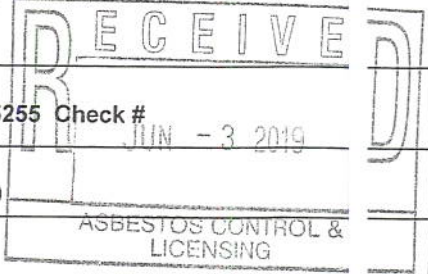
Name of Facility Where Abatement is Taking Place (3) HUMC MAIN BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 30 PROSPECT AVENUE			Square Feet 20,000		
City (5) HACKENSACK		County (6) BERGEN	County Code (7)	# Of Floors 3	Building Age 40 +
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 300 KIMBALL DR, 4TH FLOOR			Street Address 32 Williams Parkway		
City, State, Zip Code PARSIPPANY, NJ 07054			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm BRIAN FEURY			Telephone Number 973-560-4857		
Sched. Start Date (10) 06 / 10 / 19		Sched. Completion Date (11) 07 / 31 / 19		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

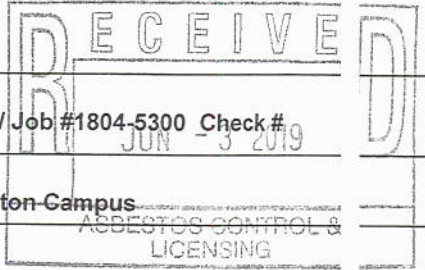
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
MAIN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WINDOW/LINTEL CAULK	590 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GLAZING	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards Of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA				
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 05/31/19		

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



Date of Notification (1) <u>5</u> / <u>30</u> / <u>19</u>		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255 Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3280 Peachtree Road, NW Suite 1400 City, State, Zip Code Atlanta, Georgia 30305 Name of Contact John Devine Telephone Number 856-262-1800						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Neale Farm Building #1		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 700 Mullica Hill Road		City (5) Mullica Hill, NJ						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code CHesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm William Weisgarber Jr.	Telephone No. 609-298-4070	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>12</u> / <u>26</u> / <u>18</u>	Scheduled Completion Date (11) <u>6</u> / <u>28</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Ceiling Panels	300 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/28/19		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 5-30-19			

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



Date of Notification (1) <div style="text-align: center;">5 / 30 / 19</div>		Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1804-5300 Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address REHS, 27 Road 1, Bldg. 4086 Livingston Campus						
		City, State, Zip Code Piscataway, NJ 08854						
		Name of Contact Michael F. Smith	Telephone Number 848-445-2550					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155		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 27 Road #1		Square Feet	# of Floors 4					
City (5) Piscataway, NJ 08854		Bldg. Age 60+						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Academic						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 7 / 25 / 18	Scheduled Completion Date (11) 6 / 28 / 19	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		
	Yes	No	N/A			Removal	Repair	Encapsulate
See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 6/28/19	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 			Date 5-30-19		

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

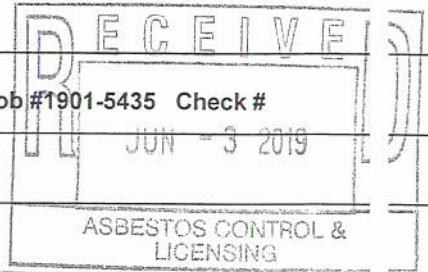


Date of Notification (1) 5 / 30 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1903-5454, Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Beirne							
		Telephone Number 609-444-9922							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 31 Park Street		Square Feet # of Floors Bldg. Age							
City (5) Florham Park, NJ									
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 15 / 19	Scheduled Completion Date (11) 6 / 28 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Exterior Pole#JC58A377.42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/28/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 5-30-19		

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

Date of Notification (1) <div style="font-size: 1.5em; margin-left: 100px;">NO CK</div> <div style="text-align: center;">5 / 30 / 19</div>		Name of Building Owner/Operator (2) Garden Spires Urban Renewal, LP		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="margin-top: 10px; text-align: center;">JUN - 3 2019</div> <div style="margin-top: 10px; text-align: center; font-weight: bold;">ASBESTOS CONTROL & REMEDIATION</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address 885 2nd Avenue 31st Floor		City, State, Zip Code New York, NY 10017									
Name of Contact Fred Teicher		Telephone Number 917-952-1929									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Garden Spires Apartments-Building 175				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 175 1st Street				Square Feet							
City (5) Newark, NJ				# of Floors							
County (6) Essex				Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		License No. 00529							
Start Date (10) 3 / 28 / 19		Scheduled Completion Date (11) 6 / 28 / 19		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North							
				City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) IN Facility (13) <div style="color: green; font-weight: bold;">TO BE ABATED</div>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 280 LF		Abatement type			
								Removal	Repair	Encapsulate	Enclosure
(14) E Bathrooms 20 LF each		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe Insulation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/28/19		City, State Tullytown, PA							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 5-30-19					


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



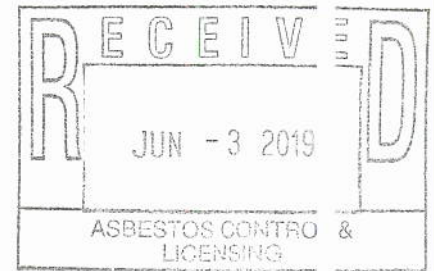
Date of Notification (1) <u>5</u> / <u>30</u> / <u>19</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1901-5435 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>36</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Keith Slansky	Telephone Number 973-955-7602						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT		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 Route 71 & Asbury Ave MM564.13 to Rt. 71 & Deal Lake Rd. MM595.39									
City (5) Neptune, NJ	Square Feet	# of Floors	Bldg. Age						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-571-7522	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 3 / 25 / 19	Scheduled Completion Date (11) 6 / 28 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Conduit	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/28/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 5-30-19			

NOTIFICATION OF ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED	JUN - 3 2019
	ASBESTOS CONTROL & LICENSING

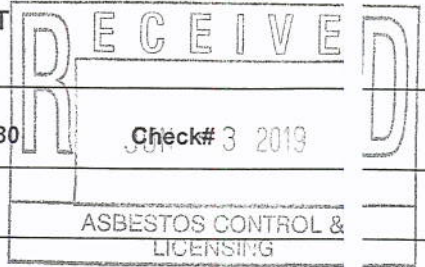
Date of Notification (1) <u>5</u> / <u>29</u> / <u>19</u>		Name of Building Owner/Operator (2) PSE&G / Job #1904-5470 Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Harry Tucker Telephone Number 609-337-0361						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G- Hunters Glen Substation		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 68 Dey Road		Square Feet # of Floors Bldg. Age						
City (5) Plainsboro, NJ		County (6) Middlesex						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. License No. 609-704-8850 00529						
Start Date (10) <u>5</u> / <u>13</u> / <u>19</u>		Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>19</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Walls #2 & #3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	52 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES Technical Solutions LLC		NJDEP Waste Hauler ID No. NJD0806313		Cubic Yards of Waste 40	Name of Registered Landfill Grows- Fairless Landfill			
City, State Flanders, NJ		Disposal Date 5/31/19		City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-29-19		

Scope of Work Cont.



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Exterior	NO	Transite	1 LF	Removal

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



Date of Notification (1) <u>5</u> / <u>29</u> / <u>19</u>		Name of Building Owner/Operator (2) PSE&G / Job #1905-5480		Check# <u>3</u> 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Alex Layson					
				Telephone Number 484-370-3196					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Runnemede Substation				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 892 E. Evesham Road				Square Feet					
City (5) Glendora				# of Floors					
County (6) Gloucester				Bldg. Ag					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) <u>5</u> / <u>20</u> / <u>19</u>		Scheduled Completion Date (11) <u>6</u> / <u>7</u> / <u>19</u>		Name of OSHA Monitor EMSL 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	In-place	Enclosure
See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40		Name of Registered Landfill Grows- Fairless Landfill			
City, State Flanders, NJ		Disposal Date 6/7/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-29-19			

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

RECEIVE
Check# JUN - 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>5</u> / <u>29</u> / <u>19</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1903-5447	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Avenue	
		City, State, Zip Code Newark, NJ	
		Name of Contact Chris Castronova	Telephone Number 908-412-2206

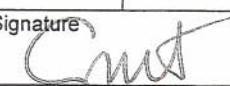
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G- Bay Way Refinery		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 1400 Park Avenue		Square Feet	# of Floors
City (5) Linden, NJ 07036		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Refinery	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>5</u> / <u>13</u> / <u>19</u>	Scheduled Completion Date (11) <u>6</u> / <u>7</u> / <u>19</u>	Name of OSHA Monitor EMSL 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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

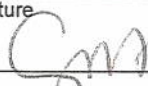
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	285 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"/>

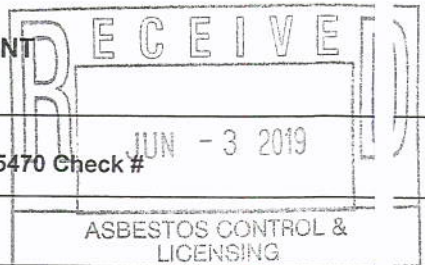
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 8	Name of Registered Landfill Grows- Fairless Landfill	
City, State Flanders, NJ		Disposal Date 6/7/19	City, State Morrisville, PA 19067		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5-29-19		

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

RECEIVED
Check# - 3 2019
ASBESTOS CONTROL & LICENSING

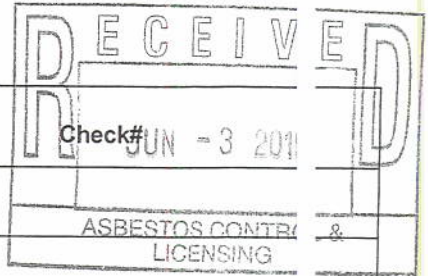
Date of Notification (1) <div style="text-align: center;">5 / 24 / 19</div>		Name of Building Owner/Operator (2) PSE&G / Job # 1904-5460						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Patrick Dispoto Telephone Number 908-986-5741						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G- Madison Street Substation		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 1160 Madison Street		Square Feet	# of Floors					
City (5) Hoboken		Bldg. Age						
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 00529					
Start Date (10) <div style="text-align: center;">4 / 22 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 31 / 19</div>	Name of OSHA Monitor EMSL 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Panels	95 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4KV Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 25	Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ		Disposal Date 5/31/19	City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 			Date 5-24-19		

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



Date of Notification (1) 5 / 24 / 19		Name of Building Owner/Operator (2) PSE&G / Job #1904-5470 Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Harry Tucker Telephone Number 609-337-0361						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G- Hunters Glen Substation		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 68 Dey Road		Square Feet # of Floors Bldg. Age						
City (5) Plainsboro, NJ		County (6) Middlesex						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00529					
Start Date (10) 5 / 13 / 19	Scheduled Completion Date (11) 5 / 31 / 19	Name of OSHA Monitor EMSL 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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	Encapsulation
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Walls #2 & #3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	52 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES Technical Solutions LLC		NJDEP Waste Hauler ID No. NJD0806313		Cubic Yards of Waste 40	Name of Registered Landfill Grows- Fairless Landfill			
City, State Flanders, NJ		Disposal Date 5/31/19		City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-24-19		

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



Date of Notification (1) 5 / 22 / 19		Name of Building Owner/Operator (2) PSE&G / Job #1905-5479		Check# JUN - 3 2011				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Andrew Yassa Telephone Number 732-289-1081				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G- Former Exxon Station				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 468 Route 17 North				Square Feet # of Floors Bldg. Age				
City (5) Hasbrouck Heights, NJ				County (6) Bergen				
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Gas Station				
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048				
City, State, Zip Code		Telephone No. 609-265-2107		License No. 00529				
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor EMSL Analytical				
Start Date (10) 6 / 3 / 19		Scheduled Completion Date (11) 6 / 7 / 19		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40		Name of Registered Landfill Grows- Fairless Landfill		
City, State Flanders, NJ		Disposal Date 6/7/19		City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-22-19		

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

R E C E I V E D	JUN - 3 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/3/19		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (R#2-5/30/19) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648	
	Name of Contact Walter Eddy		Telephone Number 609-896-7700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - House 10			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 9000	# of Floors 3	Bldg. Age 40+
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Dormitory		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 515 Grove Street, Suite B			Street Address 1123 Beaver Street		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-656-2944	Telephone Number (215) 788-6040	License Number 00509	
Scheduled Start Date (10) (On site) 5/31/19		Scheduled Completion Date (11) 6/5/19		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 6:00 AM to 11:00 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

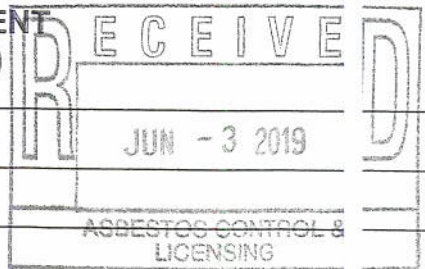
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Clean Up	Enclosure
	Yes	No	N/A			Removal	Repair		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Mud	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Tank Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 cu yd	Name of Registered Landfill Fairless Landfill
City, State Yardley, PA		Disposal Date 5/29/19	City, State Fairless Hills, PA
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>
			Date 5/30/19

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



Date of Notification (1) 5/3/19		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended (R#1-5/21/19)	Name of Contact Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-896-7711	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - House 10			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University		
Street Address 2083 Lawrenceville Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Lawrenceville			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Mercer	County Code (7)	Square Feet 9000	# of Floors 3	Bldg. Age 40+	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates			Current Use (Prior if being demolished) Dormitory		
Street Address 515 Grove Street, Suite B			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Haddon Heights, NJ 08035			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Brian Clark			City, State & Zip Code Bristol, PA 19007		
Telephone Number 856-656-2944			Telephone Number (215) 788-6040		
Scheduled Start Date (10) 5/20/19 (ON HOLD) 5/21/19			License Number 00509		
Scheduled Completion Date (11) 5/29/19			Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM to 3:30 PM			City, State & Zip Code Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Amount (Specify SF or LF)	Abatement Type		Clean Up	Enclosure
	Yes	No	N/A		Removal	Repair		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Mud	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Tank Insulation	300 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"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 cu yd	Name of Registered Landfill Fairless Landfill
City, State Yardley, PA	Disposal Date 5/29/19	City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/21/19

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

RECEIVED	
CHK # 35	
JUN - 3 2019	
ASBESTOS CONTROL LICENSING	

Date of Notification (1) 5/3/19		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA 6279 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 316 <input checked="" type="checkbox"/> DOH 6262 <input checked="" type="checkbox"/> DCA 6286		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Walter Eddy		Telephone Number 609-896-7110	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - House 10			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 9000		
City (5) Lawrenceville			County (6) Mercer		County Code (7)
Current Use (Prior if being demolished) Dormitory			# of Floors 3		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates			ASCM No.		
Street Address 515 Grove Street, Suite B			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Haddon Heights, NJ 08035			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Brian Clark			Telephone Number 856-656-2944		License Number 00509
Scheduled Start Date (10) 5/20/19		Scheduled Completion Date (11) 5/29/19		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Mud	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Tank Insulation	300 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 cu yd	Name of Registered Landfill Fairless Landfill	
City, State Yardley, PA		Disposal Date 5/29/19	City, State Fairless Hills, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gk</i>		Date 5/3/19

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

RECEIVED	Form
	JUN - 3 2019

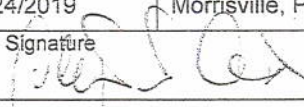
Date of Notification (1) 5/17/2019		Name of Building Owner/Operator (2) Harris							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Mark Harris	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Princeton, NJ 08540		Square Feet 3000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 45 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/30/2019	Scheduled Completion Date (11) 6/7/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe:		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Attic	X			Vermiculite	800 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 6/7/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 5/17/2019		

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

RECEIVE	
Check No. 1494	
JUN - 3 2019	
ASBESTOS CONTROL & REMEDIATION	
Telephone Number 973-338-6707	

Date of Notification (1) 05/28/2019		Name of Building Owner/Operator (2) Plaza Road Coop						
Agencies Notified	Type Notification	Street Address 1500 - 1558 Plaza Road						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, New Jersey 07410						
		Name of Contact C Colon c/o Maxons						
<div align="center">FACILITY INFORMATION</div>								
Name of Facility Where Abatement is Taking Place (3) APT Condo 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 15-00 Plaza Road		Square Feet 20,000	# of Floors 2					
City (5) Fair Lawn, New Jersey 07410		Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apt/Condo						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 500 South Broad Street		Street Address 246 Union Boulevard						
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400					
License No. 01104								
Start Date (10) 06/03/2019	Scheduled Completion Date (11) 06/24/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement type	Encapsulate	Enclosure
	Yes	No	N/A					
Basement Under Apt 1548 A Next to Laundry				Air Cell Insulation	150 LF	X		
Basement Under Apt 1548 B Next to Laundry				Air Cell Insulation	150 LF	X		
Basement Under Apt 1554 A				Air Cell Insulation	325 LF	X		
Basement Under Apt 1554 B				Air Cell Insulation	325 LF	X		
Basement Under Apt 1510 A				Air Cell Insulation	485 LF			
Basement Under Apt 1504 A				Air Cell Insulation	185 LF	X		
Basement Under Apt 1504 B				Air Cell Insulation	185 LF			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey		Disposal Date 06/24/2019	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 				Date 05/28/2019	

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

Date of Notification (1) 05/23/2019		Name of Building Owner/Operator (2) APT Condo		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check No. 1494 JUN - 3 2019 ASBESTOS CONTROL & Telephone Number 973-338-6707 </div>				
Agencies Notified	Type Notification	Street Address 15-00 Plaza Road						
<input 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 Fair Lawn, New Jersey 07410 Name of Contact C Colon c/o Maxons						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) APT Condo Building			Type of Facility (4)					
Street Address 15-00 Plaza Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Fair Lawn, New Jersey 07410			Square Feet 20,000	# of Floors 2	Bldg. Age 50+			
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apt/Condo					
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 500 South Broad Street		Street Address 246 Union Boulevard						
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06/03/2019		Scheduled Completion Date (11) 06/24/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement Under Apt 1548 A Next to Laundry				Air Cell Insulation	150 LF	X		
Basement Under Apt 1548 B Next to Laundry				Air Cell Insulation	150 LF	X		
Basement Under Apt 1554 A				Air Cell Insulation	325 LF	X		
Basement Under Apt 1554 B				Air Cell Insulation	325 LF	X		
Basement Under Apt 1510 A				Air Cell Insulation	485 LF			
Basement Under Apt 1504 A				Air Cell Insulation	185 LF	X		
Basement Under Apt 1504 B				Air Cell Insulation	185 LF			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey				Disposal Date 06/24/2019	City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President		Signature 		Date 05/23/2019		

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

Handwritten: HANDED PAGE

RECEIVED	
JUN - 3 2019	
ASBESTOS CONTROL & LIC. Telephone Number	
609-896-5000	

Date of Notification (1) 05-31-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Mr. Walter Eddy			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Cranberry Café Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000		
City (5) Lawrenceville, NJ			County (6) Mercer		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			ASCM No.		
Street Address 515 Grove Street, Suite 1B			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Haddonfield, NJ 08035			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Brian Clark			Telephone Number 856-547-0505		License Number 01185
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-7-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

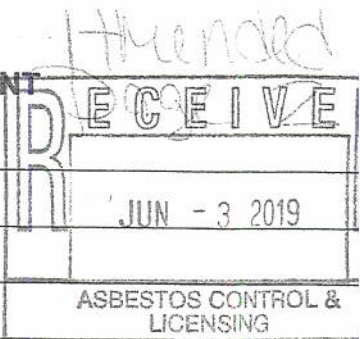
Scope of Work (Check all that apply)

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

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	Enclosure
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Sheetrock back	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's & Staff dining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbows	50 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler & residual	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature <i>[Signature]</i>		Date 05-31-2019

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



Date of Notification (1) 05-31-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy
			Telephone Number 609-896-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – Cranberry Café Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000		
City (5) Lawrenceville, NJ			County (6) Mercer		County Code (7)
			# of Floors 3		Bldg. Age 57
			Current Use (Prior if being demolished) Campus Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			ASCM No.		
Street Address 515 Grove Street, Suite 1B			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Haddonfield, NJ 08035			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Brian Clark			Telephone Number 856-547-0505		License Number 01185
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-07-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

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	Enclosure
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Skim Coat	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Leveler(Red)	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler associated mastic	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	1,200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 05-31-2019

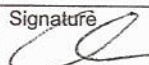
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

INV# 11557 PAID check # 0111

Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NJ 07601	
Name of Contact DONAL FERRELL		Telephone Number 551-996-3778	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HUMC LAUNDRY 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 bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		ASBESTOS CONTROL & LICENSING	
City (5) HACKENSACK	County (6) BERGEN	County Code (7)	Square Feet 10,000 # Of Floors 2 Building Age 40 +
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 300 KIMBALL DR, 4TH FLOOR		Street Address	
City, State, Zip Code PARSIPPANY, NJ 07054		32 Williams Parkway City, State, Zip Code	
Project Mngr. For Monitoring Firm BRIAN FEURY		Telephone Number 973-560-4857	
Sched. Start Date (10) 06 / 10 / 19		Sched. Completion Date (11) 07 / 31 / 19	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
LAUNDRY EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAPOR BARRIER/WATER PROOFING	1,160 SF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Name of Registered Landfill FAIRLESS LANDFILL
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature Date 05/31/19

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

RECEIVED	Print Form
JUN - 3 2019	
ASBESTOS CONTROL LICENSING	

Date of Notification (1) 5/30/19 INV# 11053		Name of Building Owner/Operator (2) G-Force Excavation LLC						
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 160 Crown Point Road		City, State, Zip Code Thorofare NJ 08086						
Name of Contact Larry Lutz		Telephone Number 856-384-0333						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Proposed WAWA Food Market Site		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 7190 N Park Drive		Square Feet 1000 +	# of Floors 1					
City (5) Pennsauken NJ 08109		Bldg. Age 35+						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices						
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. 856-753-9800	License No. 00727					
Start Date (10) 6/8/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
Window Caulk			x	Caulk	50 LF	x		
door			x	Caulk	25 LF			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ			Disposal Date 7/31/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President	Signature 	Date 5/30/19				

05/29/2019 09:12AM 9736381778

MO25686756696

PAID

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL &
DOL 10 DAY

MO#25686756696

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

Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) Peter & Genova Diaz	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLYD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Elmwood Park, NJ 07407	
Name of Contact Gabriela Bernal		Telephone Number [REDACTED]	

FACILITY INFORMATION

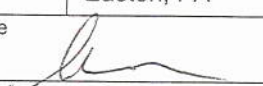
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1, 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Elmwood Park, NJ 07407		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY) Bergen		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 05 / 30 / 19		License No. 01127	
Scheduled Completion Date (11) 05 / 31 / 19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A	Pipe Insulation	110 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"/>
Name of Registered Waste Hauler Gr Tech LLC		WDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc.			
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA				
Completed By (Print or Type) N. Jevtic		Title Owner	Signature [Signature]	Date 05/29/19			

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

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

Check 18910

Date of Notification (1) 5/29/19		Name of Building Owner/Operator (2) Mountain Lakes Board of Education							
Agencies Notified	Type Notification	Street Address 400 Boulevard							
<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 Mountain Lakes, NJ 07945							
		Name of Contact Mark Prusina	Telephone Number 973-334-8280						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Briarcliff School		Type of Facility (4)							
Street Address 93 Briarcliff Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mountain Lakes		Square Feet 3000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 63						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 6/15/19		Scheduled Completion Date (11) 6/25/19	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Classrooms 101/103			x	chalk board glue	15 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/29/19			

PAID

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

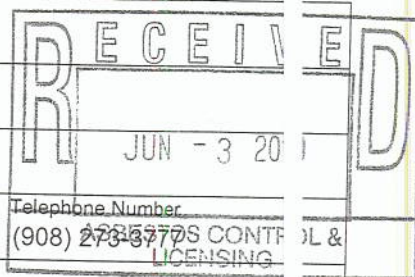
Check 18909

Date of Notification (1) 5/29/19		Name of Building Owner/Operator (2) Tony Morella						
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	<input type="checkbox"/> [REDACTED] City, State, Zip Code Paramus, NJ 07652						
		Name of Contact Tony Morella						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Paramus		Square Feet 1800	# of Floors 2					
County (6) Bergen		Bldg. Age 63						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
ASCM No.		ABS Environmental Services, LLC						
Street Address		Street Address						
		PO Box 483, 4 E Gate Drive						
City, State, Zip Code		City, State, Zip Code						
		Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No.	License No.					
		973-764-2276	703					
Start Date (10) 6/8/19	Scheduled Completion Date (11) 6/15/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
basement			X	pipe insulation	75 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 5/29/19		

PAID

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

Check 18911



Date of Notification (1) 5/29/19		Name of Building Owner/Operator (2) Henrys Fine Jewelry						
Agencies Notified	Type Notification	Street Address 419 Springfield Avenue						
<input 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 Summit NJ						
		Name of Contact Henry Feldman	Telephone Number (908) 273-6377					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Henry's Fine Jewelry		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 419 Springfield Avenue		Square Feet 2000	# of Floors 2					
City (5) Summit		Bldg. Age 67						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) store						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/25/19	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: basement		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 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
Basement			x	pipe insulation	85 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 5/29/19		

INV#11551
CH1028

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

PAID

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL LICENSING

Date of Notification (1) 10/15/13 10/11/19		Name of Building Owner/Operator (2) Donna Fernandes	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Donna Fernandes	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300		
City (5) Wayne, NJ 07470			# of Floors 02		
County (6) Passaic			Bldg. Age 50		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 06/10/19		Sched. Completion Date (11) 06/14/2019		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Garage		<input checked="" type="checkbox"/>		Duct Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 038241		Cubic Yards of Waste 2 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA			
Completed by (Print or Type) Paige Boylan		Title Owner		Signature <i>Boylan</i>		Date 05/30/19	

INV# 11550

D&S Proj. #: 19-108

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

RECEIVED	JUN - 3 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/15/13 10/11/19		Name of Building Owner/Operator (2) Denny Maguilia	
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 Kearney, NJ 07032	
Name of Contact Denny Maguilia		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K - 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1,400 02 60		
City (5) Kearney, NJ 07032	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		
Start Date (10) 06/10/19		Sched. Completion Date (11) 06/14/2019	License Number 02007		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor KLOMAX, LLC		
			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	95 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 05/30/19

INV#1549

MO#25686756685

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



Date of Notification (1) 05 / 30 / 19		Name of Building Owner/Operator (2) Cynthia Jacob	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Lebanon, NJ 08833 Name of Contact Cynthia Jacob Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Lebanon, NJ 08833		Bldg. Age	
County (6) Hunterdon	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)	
Street Address			Gr Tech LLC	
City, State, Zip Code			Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.	
		973-638-1777	01127	

Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 06 / 11 / 19	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 05/30/19	

ASB-41

MAY 11

* 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)

Check # 25884

INV# 11474

Date of Notification (1) 5/28/2019		Name of Building Owner/Operator (2) Perez	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08817	
		Name of Contact Carolyn Perez	

RECEIVED

JUN - 3 2019

ASBESTOS CONTR &

Name of Facility Where Abatement is Taking Place (3) Residential		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, home, etc.)	
City (5) Edison, NJ 08817		Square Feet 2200	# of Floors 2
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60 +/-
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493
Start Date (10) 5/31/2019	Scheduled Completion Date (11) 6/3/2019	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement		X		VAT	1100 sf	X			

Name of Registered Waste Hauler Stevens Environmental Services	NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ	Disposal Date 6/4/2019	City, State Morrisville, PA	
Completed by Mahlon E. Stevens	Title Project Manager	Signature 	Date 5/28/2019

05/28/2019 6:41AM FAX

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



Date of Notification (1) 5/28/2019		Name of Building Owner/Operator (2) Perez					
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08817					
		Name of Contact Carolyn Perez					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Edison, NJ 08817		Square Feet 2200	# of Floors 2				
County (6) Middlesex		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.				
Street Address PO Box 341		Street Address PO Box 322					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9888				
Start Date (10) 5/31/2019		Scheduled Completion Date (11) 6/3/2019	License No. 00493				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 341					
		City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> 23 sf or 23 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-Fragile 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			
				Removal	Repair	Encapsulate	Enclose
Basement	X	VAT	1100 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 6/4/2019	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager	Signature 		Date 5/28/2019		

OK#5322

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

RECEIVED	Form
JUN - 3 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <u>5/29/19</u> <u>INV# 11548</u>		Name of Building Owner/Operator (2) <u>Luoping Zhuo</u>	
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 <u>Belmar, New Jersey 07719</u>	
Name of Contact <u>Josh</u>		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Zhuo Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
Street Address [REDACTED]		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Belmar</u>		Bldg. Age <u>50+</u>	
County (6) <u>Morristown</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>Acc Insulation Co, Inc</u>	
City, State, Zip Code		Street Address <u>95 Montrose Rd</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>Belmar, New Jersey 07719</u>	
Telephone No.		Telephone No. <u>(732) 244-1757</u>	License No. <u>000029</u>
Start Date (10) <u>6/7/19</u>	Scheduled Completion Date (11) <u>6/14/19</u>		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>7am-7pm</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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	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
<u>interior</u>			<u>X</u>	<u>transit</u>	<u>20 lf</u>	<u>X</u>		

Name of Registered Waste Hauler <u>Acc Insulation Co, Inc</u>		NJDEP Waste Hauler ID No. <u>12026</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Chrys</u>
City, State <u>Belmar, NJ</u>		Disposal Date <u>6/14/19</u>		City, State <u>Belmar, NJ</u>
Completed by <u>Breem Gore</u>	Title <u>Secretary/Treasurer</u>	Signature <u>[Signature]</u>		Date <u>5/29/19</u>

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

R	RECEIVED		D
	Check No. 15009 JUN 3 2019		
ASBESTOS CONTROL & LICENSING			

Date of Notification (1) 05/28/2019		Name of Building Owner/Operator (2) Dunellen Board of Education	
Agencies Notified	Type Notification	Street Address High and Leigh Streets	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended	City, State, Zip Code Dunellen, New Jersey 08812	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gene Mosely	Telephone Number 732-968-3326

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dunellen High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 411 1st Street		Square Feet 60,000	# of Floors 2
City (5) Dunellen, New Jersey 08812		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address 120 North Warren Street		Street Address 606 McBride Ave	
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	License No. 01104
Start Date (10) 06/21/2019	Scheduled Completion Date (11) 07/05/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Int |
| | | <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Music Practice Rooms		X		2'x2' Red Backed Ceiling Tiles Incl. Tile Grid	900 SF			
Music Practice Rooms		X		Air-Cell Pipe Insulation w/ Mudded Pipe Fittings	250 LF			
Bathrooms		X		Pipe Fitting Insulation (Wrap & Cut)	9 LF	X		

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 07/05/2019	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 05/28/2019

INV# 11544
CH 3008

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

Attended - Scope Increase
File not

PAID

RECEIVE	
JUN - 3 2019	
ASBESTOS CONTROL & LICENSING	
Telephone Number	609-896-5000

Date of Notification (1) 05-22-2019		Name of Building Owner/Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Scope-File/Mastic increase) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Mr. Walter Eddy		Telephone Number 609-896-5000	

Name of Facility Where Abatement is Taking Place (3) Rider University - Science Building - 2 nd floor				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 2083 Lawrenceville Road				Square Feet 25,000		# of Floors 3	
City (5) Lawrenceville, NJ		County (6) Mercer		County Code (7)		Bldg. Age 57	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates				ASCM No.			
Street Address 515 Grove Street, Suite 1B				Name of Abatement Contractor (9) Resource Management Group, LLC			
City, State & Zip Code Haddonfield, NJ 08035				Street Address 2115 Hamilton Ave, Suite 202			
Project Manager for Monitoring Firm Mr. Brian Clark				Telephone Number 856-547-0505		License Number 01185	
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-22-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West			
				City, State & Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure	Endsource
	Yes	No	N/A			Removal	Repair		
Rooms 201 & 203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	4,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbows	15 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Caulk	100 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 201-205, 220, 219, 218A, 218, 216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual Mastic	2,500 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD		Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature <i>Brian Haney</i>		Date 05-22-2019	

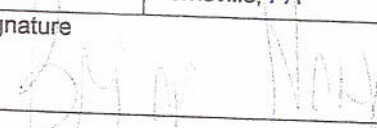
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

R E C E I V E	
JUN - 3 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 04-19-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 2083 Lawrenceville Road		
	City, State & Zip Code Lawrenceville, NJ 08648		
	Name of Contact Mr. Walter Eddy		
	Telephone Number 609-896-5100		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Science Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000		
City (5) Lawrenceville, NJ			County (6) Mercer		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			ASCM No.		
Street Address 515 Grove Street, Suite 1B			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Haddonfield, NJ 08035			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Brian Clark			Telephone Number 856-547-0505		License Number 01185
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-22-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			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		Encapsulat	Enclosure
	Yes	No	N/A			Removal	Repair		
Rooms 201 & 203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbows	15 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 201-205, 220, 219, 218A, 218, 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 201-205, 220, 219, 218A, 218, 216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC			NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney			Title President	Signature 			Date 04-19-2019		

C481235

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

RECEIVED	JUN 3 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/27/19		Name of Building Owner/Operator (2) Matt's Construction							
Agencies Notified <input 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 14 Irene Court		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Matt's Construction		Telephone Number 732-905-4494							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Lakewood		# of Floors							
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078							
Start Date (10) 06/06/19		License No. 1200							
Scheduled Completion Date (11) 06/12/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: _____		Street Address 6 WHITE DOVE COURT							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code LAKEWOOD, NJ 08701							
<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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
EXTERIOR				SIDING	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 8		Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 06/12/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 05/27/19			

CH8234

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

RECEIVED	
JUN 3 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/27/19		Name of Building Owner/Operator (2) Yanky Reiss							
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 [REDACTED]							
Name of Contact Yanky Reiss		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Lakewood		County (6) Ocean							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____							
Street Address [REDACTED]		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code [REDACTED]		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No. _____		Telephone No. 732-668-9078							
License No. 1200		Start Date (10) 06/06/19							
Scheduled Completion Date (11) 06/13/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code LAKEWOOD, NJ 08701		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
EXTERIOR				SIDING	1500SF	x			
INTERIOR				FLOOR TILE	150SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10		Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 06/13/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____			Date 05/27/19		

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 05/27/19		Name of Building Owner/Operator (2)		JUN - 3 2019			
Agencies Notified <input 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 Lakewood Name of Contact Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age				
City (5) Lakewood		County (6) Ocean		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS			
Street Address		Street Address 6 WHITE DOVE COURT					
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No.			
Start Date (10) 06/06/19		Scheduled Completion Date (11) 06/12/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS			
Occupancy Status During Abatement (Check Only One)			Street Address City, State, Zip Code				
<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:			6 WHITE DOVE COURT LAKEWOOD, NJ 08701				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
INTERIOR			POPCORN CEILING	600SF	x		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 7		Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 06/12/19		City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 05/27/19	

CH4640

Project #

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

Check # 4640

JUN 3 2019

Date of Notification (1)
05/26/2019

Name of Building Owner/Operator (2)

Ajay Surana

Agencies Notified

☐ EPA
☐ DEP
☐ DOL

☐ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code

Chatham, NJ 07928

Name of Contact

Ajay Surana

Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)

Chatham, NJ

County (6)

Morris

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

Street Address

72 Brookside Rd

City, State, Zip Code

City, State, Zip Code

Randolph, NJ 07869

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

973933-2550

License No.

01358

Start Date (10)

06/05/2019

Scheduled Completion Date (11)

06/08/2019

Name of OSHA Monitor

Nick Restoration 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

72 Brookside Rd

City, State, Zip Code

Randolph, NJ 07869

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
Garage area		X		TSI	10 LF	X			

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste Hauler ID No.

0033782

Cubic Yards of Waste

TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ

Disposal Date

TBD

City, State

Tullytown, Pa

Completed by

Nikica Mrda

Title

President

Signature

[Signature]

Date

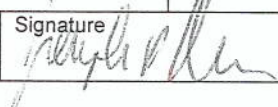
05/26/2019

CK15205

PAID

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

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) MAY 26, 2019		Name of Building Owner/Operator (2) ED KRUPSKI						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code CLARK, NJ 07066						
		Name of Contact ED KRUPSKI	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ED KRUPSKI PROPERTY		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)						
City (5) LINDEN	Square Feet 3,868	# of Floors 2	Bldg. Age 1950N I/A					
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.					
Street Address		Street Address 17 Thompson street						
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764						
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040					
Start Date (10) JUNE 6, 2019	Scheduled Completion Date (11) JUNE 13, 2019	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
EXTERIOR			X	AC SIDING	1100	X		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 5 cy	Name of Registered Landfill FAIRLESS LANDFILL				
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 6/9/19	City, State MORRISVILLE, PA				
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 5/26/19		

CH 8237

PAID

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

RECEIVED	nt Form
JUN - 3 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/29/19 INV# 11540		Name of Building Owner/Operator (2) New Jersey Community Capital							
Agencies Notified	Type Notification	Street Address 108 Church Street, 3rd Floor							
<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 New Brunswick, NJ 08901							
		Name of Contact New Jersey Community Capital	Telephone Number 973-841-2674 ext 334						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hospitals, etc.)							
Street Address [REDACTED]									
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078 License No. 1200						
Start Date (10) 06/11/19	Scheduled Completion Date (11) 06/14/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				FLOOR TILE	600SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 06/14/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 05/29/19			

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

PAID

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL & LICENSING

ch 3011

Date of Notification (1) 5-23-2019 <i>inv#11431</i>		Name of Building Owner / Operator (2) Jefferson Health		<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUN - 3 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 18 E. Laurel Road		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended (<input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Stratford, NJ 08084		
		Name of Contact Mr. John Ferraina		
				Telephone Number 856-346-6001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson Health - CPD area			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	# of Floors 2	Bldg. Age 52
City (5) Stratford, NJ 08084	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Ste 202			
City, State & Zip Code Bensalem, Pa. 19020		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 5-28-2019	Scheduled Completion Date (11) 06-5-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Weekdays & weekends 24 hrs <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure	Enclosure
	Yes	No	N/A			Removal	Repair		
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on insulation	668 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 <i>Brian Haney</i>		Date 05/23/2019

May 23 19 02:02p

Resource Management Group

6099144651

PAID

State of New Jersey

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

RECEIVED
JUN - 2 2019
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

Date of Notification (1) 5-23-2019		Name of Building Owner / Operator (2) Jefferson Health	
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 checked="" 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 Fersine		Telephone Number 856-348-6000	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson Health - CPD area			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			# of Floors 2		
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.			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Ste 202		
City, State & Zip Code Bensalem, Pa. 19020			City, State & Zip Code Tranton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Paripresso			Telephone Number 609-977-6159		
Telephone Number 215-244-1300			License Number 01185		
Scheduled Start Date (10) 6-28-2019			Scheduled Completion Date (11) 08-5-2019		
Name of OSHA Monitor J&S Environmental Laboratories, Inc.			Street Address 2333 Route 22 West		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Weekdays & weekends 24 hrs <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Union, NJ 07083		

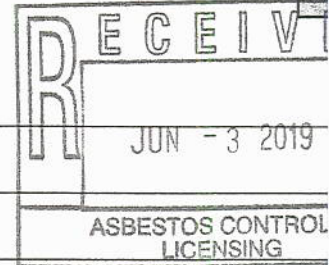
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Insulation	668 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"/>

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 <i>Brian Haney</i>		Date 05/23/2019

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 6:60 and 12:120)



Date of Notification (1) 5/29/19 INV# 11539		Name of Building Owner/Operator (2) Daniel Gentile Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Daniel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Daniel Gentile Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ship Bottom NJ 08008		Square Feet 1000	# of Floors 2						
County (6) ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
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. 856-753-9800	License No. 00727						
Start Date (10) 6/7/19	Scheduled Completion Date (11) 6/14/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/14/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/29/19		

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:42)

RECEIVED

JUN - 3 2019

ASBESTOS CONTROL
LICENSING

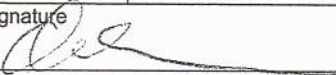
CH 7402

INV# 11538

Date of Notification (1) 5/29/19		Name of Building Owner/Operator (2) Mike Dowidowicz Private Home	
Agencies Notified		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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		City, State, Zip Code Ship Bottom NJ 08008	
		Name of Contact Mike	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mike Dowidowicz Private Home		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
City (5) Ship Bottom NJ 08008		Square Feet 1000	# of Floors 2
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. A 35+
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. 856-753-9800	License No. 00727
Start Date (10) 6/10/19	Scheduled Completion Date (11) 6/14/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Exterior Siding			X	Exterior Siding	2000 SF	X		

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 6/14/19		City, State Morrisville PA 19067
Completed by Anthony T Perna		Title President	Signature 	Date 5/29/19

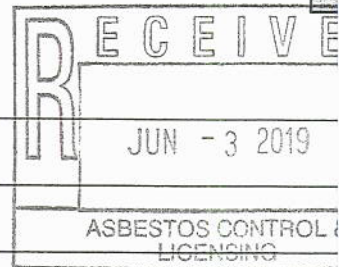
CH 24076


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

RECEIVED
JUN 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/28/2019		Name of Building Owner/Operator (2) NEW JERSEY DEPARTMENT OF TRANSPORTATION						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 1035 PARKWAY AVENUE		City, State, Zip Code TRENTON, NJ 08618						
Name of Contact SHERYL QUATERMAS		Telephone Number 609-530-5472						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) TOMS RIVER MAINTENANCE YARD - BUILDING 1423		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 739 ROUTE 37 WEST		Square Feet						
City (5) TOMS RIVER		# of Floors						
County (6) OCEAN		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030						
Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.		Street Address 11 VREELAND AVENUE						
Street Address 120 NORTH WARREN ST.		City, State, Zip Code TOTOWA, NJ 07512						
City, State, Zip Code TRENTON, NJ 08608		Telephone No. 973-956-8700						
Project Manager for Monitoring Firm DOMINICK DERCOLE		License No. 00494						
Start Date (10) 6/10/2019		Scheduled Completion Date (11) 6/21/2019						
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: UNOCCUPIED						
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 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			Enclosure
	Yes	No			N/A	Removal	Repair	
GARAGE		X	Magnesia Pipe Insulation & Fittings (Limited Containment)	280 LF	X			
BOILER ROOM		X	Air-Cell Pipe Insulation (Limited Containment)	10 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 10		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.		
City, State TOTOWA, NJ		Disposal Date 6/21/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 5/28/2019		

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



Date of Notification (1) 5/30/19 <i>INV# 11534</i>		Name of Building Owner/Operator (2) Brian DiBrino Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 3 2019 ASBESTOS CONTROL LICENSING </div>				
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 <div style="background-color: black; width: 100px; height: 15px;"></div>		
City, State, Zip Code Seaside Heights NJ 08751		Name of Contact Brian		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Brian DiBrino 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 <div style="background-color: black; width: 100px; height: 15px;"></div>				Square Feet 1000				
City (5) Seaside Heights NJ 08751				# of Floors 1				
County (6) Ocean				Bldg. Area 35+				
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House & Garage						
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.		Telephone No. 856-753-9800				
Start Date (10) 6/8/19		Scheduled Completion Date (11) 6/14/19		License No. 00727				
Name of OSHA Monitor Same				Street Address				
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				
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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 800 SF	Abatement Type		Enclosure Enclosure
						Removal	Repair	
Exterior Siding Garage			x	Exterior Siding	800 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 6/14/19		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 5/30/19		

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

Print Form

RECEIVED

JUN - 3 2019

ASBESTOS CONTROL LICENSING

CH 7405 INV# 11533

Date of Notification (1) 5/30/19		Name of Building Owner/Operator (2) G-Force Excavation LLC	
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 160 Crown Point Road		City, State, Zip Code Thorofare NJ 08086	
Name of Contact Larry Lutz		Telephone Number 856-384-0333	

FACILITY INFORMATION

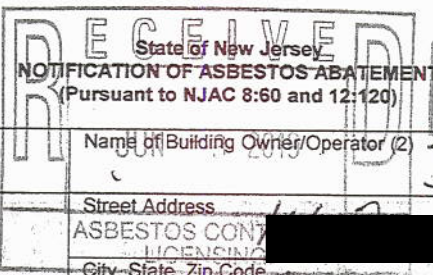
Name of Facility Where Abatement is Taking Place (3) Proposed WAWA Food Market Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
Street Address 8000 S Crescent Blvd.		Square Feet 1000 +	# of Floors 1
City (5) Pennsauken NJ 08109		Bldg. Area 35+	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Restaurant	
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 856-753-9800	License No. 00727
Start Date (10) 6/8/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Rolled Roof Shingle roof & Duct			x	Rolled roof shingle	6000 SF	x		
door			x	door caulk	50 LF			

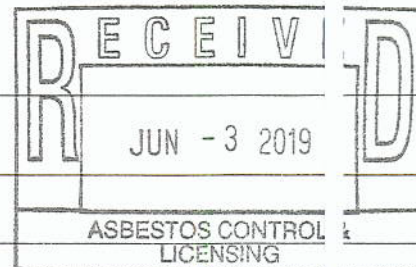
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 7/31/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 	Date 5/30/19	



Check # 10702

INV# 11532

Date of Notification (1) 5-31-19		Name of Building Owner/Operator (2) Joe Allega						
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 ASBESTOS CONTAINING MATERIAL City, State, Zip Code Lawrenceville NJ 08648						
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2						
City (5) Lawrenceville NJ 08648		# of Floors 2						
County (6) Mercer		Bldg. Age 60						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A						
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc						
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337						
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533						
Telephone No. 609 758-3365		Telephone No. 609 758-3365						
License No. 00394		Start Date (10) 6-11-19						
Scheduled Completion Date (11) 6-11-19		Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Crawlspace	X		Transite Cement Pipe	20 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste < 1		Name of Registered Landfill Waste Management of PA		
City, State New Egypt NJ		Disposal Date 6-11-19		City, State Morrisville PA		Completed by Steve Schenker		
Title President		Signature Steve Schenker		Date 5-31-19				



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) Harvey Skylar	
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 Riverton, NJ 08077 Name of Contact Harvey Skylar	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Skylar Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)	
Street Address [REDACTED]			
City (5) Riverton		Square Feet 2,035	# of Floors 2
		Bldg. Age 66	
County (6) Burlington		County Code (7) (STATE USE ONLY)	
		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 06 / 12 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

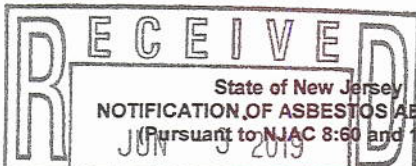
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	418 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"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 06/12/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 5/29/19	

INV# 11530



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

Check # 10703

Date of Notification (1) 5-31-19		Name of Building Owner/Operator (2) Vantier Comfort Services					
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 212 Barrett Ave. City, State, Zip Code Magnolia NJ 08049 Name of Contact Mike Telephone Number 856 322-8011					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age					
City (5) Westville NJ 08093		Z 60					
County (6) Gloucester		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A					
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc					
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337					
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533					
Telephone No. 609 758-3365		Telephone No. 609 758-3365					
Start Date (10) June 12, 2019		License No. 00394					
Scheduled Completion Date (11) June 14, 2019		Name of OSHA Monitor EPC Technologies Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	X		8" Round Wrapped Air Duct	80 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste Z		Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 6-14-19		City, State Morrisville PA			
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-31-19	

* REQ FOR WAIVER OF 10-DAY AS PER TIM HARRIS

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED
JUN - 3 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) MAY 30, 2019		Name of Building Owner/Operator (2) KMKL, LLC						
Agencies Notified	Type Notification	Street Address 99 WOOD AVENUE SOUTH, SUITE 202						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ISELIN, NJ 08830						
		Name of Contact Bob Susser	Telephone Number 732-977-2567					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) FORMER RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) BRICK		Square Feet 7405 SF	# of Floors 1					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Bldg. Age 1950					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Current Use (Prior if being demolished) RESIDENTIAL					
Street Address		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
City, State, Zip Code		Street Address 17 Thompson Street						
Project Manager for Monitoring Firm		Telephone No. 732.222.8372	License No. 00040					
Start Date (10) JUNE 1, 2019	Scheduled Completion Date (11) JUNE 2, 2019	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address						
		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		Enclosure
	Yes	No	N/A			Removal	Repair	
DEBRIS PILE			X	BROWN VAT	100 sf	X		
OPEN AREA WOOD FLOOR			X	BLACK VAT	60 sf	X		
FORMER KITCHEN			X	WHITE SHEET VINYL	35 sf	X		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State WEST LONG BRANCH, NJ			Disposal Date 6/3/19	City, State MORRISVILLE, PA				
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature <i>Joseph P. Miller</i>			Date 5/30/19		

CH9258

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

<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div>	<div style="border: 1px solid black; padding: 5px;">JUN - 3 2019</div>
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/30/19 Inv# 11529		Name of Building Owner/Operator (2) DM Service US							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1179 Route 547							
		City, State, Zip Code Howell, NJ 07731							
		Name of Contact DM Service US	Telephone Number 732-367-8273						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson	07501	Square Feet	# of Floors Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/12/19	Scheduled Completion Date (11) 08/12/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
EXTERIOR				ROOFING AND FLASHING	23000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 200	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/12/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/30/19		

INW# 11528
CH8257

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

RECEIVED	JUN - 3 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/30/19		Name of Building Owner/Operator (2) MCEF Construction							
Agencies Notified	Type Notification	Street Address 496 East County Line 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 Lakewood, NJ 08701							
		Name of Contact MCEF Construction	Telephone Number 732-367-0693						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Lakewood 08701		Bldg. Age							
County (6) Ocean	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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/11/19	Scheduled Completion Date (11) 06/14/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				FLOOR TILE	100SF	x			
EXTERIOR				SIDING	2000SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 06/14/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/30/19		