

CK 1089

PAID

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

DOL - CHECK 1089

Date of Notification (1) 6/1/18		Name of Building Owner/Operator (2) C S G PROPERTIES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 68 WELTON STREET		City, State, Zip Code NEW BRUNSWICK NJ 08901	
Name of Contact GREEN WYNN		Telephone Number 201 247 9628	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1850	
City (5) NEW BRUNSWICK		2nd Floor 3	
County (6) MIDDLESEX		Building Age 64	
County Code (7) STATE USE ONLY		Current Use (Prior to being demolished) RES	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 6/1/18		Scheduled Completion Date (11) 6/8/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Hackensack, NJ 07606		Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 25 sq ft or 23 ft <input type="checkbox"/> 1150 sq ft or 2250 ft		<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-Enclosed (*) and Non-Enclosed Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)	
Yes No N/A		Yes No N/A	
Basement		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE		55 LF X	
Abatement Type		Abatement Type	
Removal Repair Encapsulation Enclosure		Removal Repair Encapsulation Enclosure	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, N.J. 07105		Cubic Yards of Waste 1	
Disposal Date 6/1/18		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Per Argy, PA 08072			
Completed by R. McDonald		Title President	
Signature R. McDonald		Date 6/1/18	

PAID

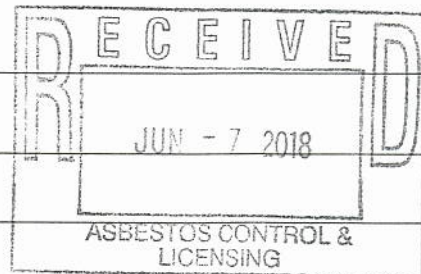
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

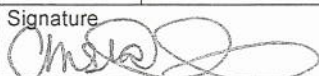
Check 2314

Date of Notification (1) 5/29/2018		Name of Building Owner / Operator (2) Sunoco Partners Marketing & Terminals, LP - Eagle Point Facility	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1250 Crown Point Road City, State & Zip Code Westville, NJ 08093 Name of Contact Ron Rosendorn Telephone Number 856-853-3155	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Eagle Point Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1250 Crown Point Road		Square Feet 1500	# of Floors 1
City (5) Westville	County (6) Gloucester	Bldg. Age 80+	
County Code (7)		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Alpha Environmental	
City, State & Zip Code		Street Address PO Box 8297	
Project Manager for Monitoring Firm		City, State & Zip Code Trenton, NJ 08650	
Telephone Number		Telephone Number 609-847-2956	License Number 01222
Scheduled Start Date (10) 6/6/2018	Scheduled Completion Date (11) 7/6/2018	Name of OSHA Monitor ALPHA Environmental	
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: <input type="checkbox"/> Facility Occupied During Abatement		Street Address PO Box 8297	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		City, State & Zip Code Trenton NJ 08650	
<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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
Filter Building Exterior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Transite/Galbestos	5000sf
Abatement Type Removal Repair Encapsulate Enclosure		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100
City, State New Castle DE		Name of Registered Landfill Grows Landfill	
Disposal Date various		City, State Tullytown, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Roderick Richardson</i>
Date 5/29/2018			

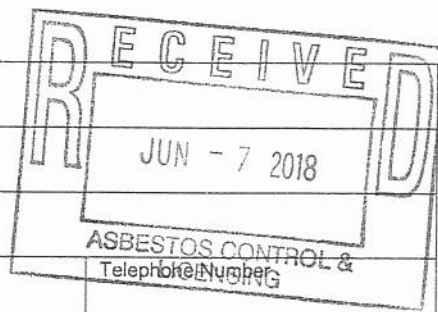
NOCK

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



Date of Notification (1) 05 / 31 / 18			Name of Building Owner/Operator (2) Applied Housing Management						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1401 Washington Street					
				City, State, Zip Code Hoboken, NJ 07030					
		Name of Contact Tony Nemati		Telephone Number 201-420-0157 x 6123					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1220 26th Street									
City (5) North Bergen				Square Feet 1,800	# of Floors 3				
				Bldg. Age 80					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 464 Valley Brook Avenue		Street Address 623 Cutler Avenue							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-3839		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 05 / 15 / 18		Scheduled Completion Date (11) 06 / 15 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	1,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 06/15/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations			Signature 		Date 5/31/18		

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



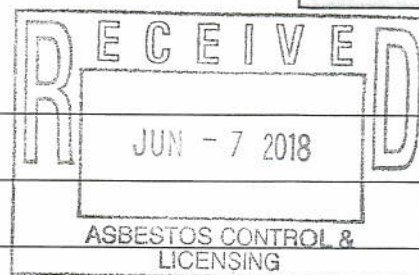
Date of Notification (1) June 4, 2018		Name of Building Owner/Operator (2) George Morris							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pompton Lakes NJ Name of Contact George Morris							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Family House under Renovation		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) Pompton Lakes		Square Feet 3000	# of Floors 1						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House under Renovation						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting						
Street Address n/a		Street Address 360 Palisade Ave.							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-460-6026						
Start Date (10) 6/13/2018		Scheduled Completion Date (11) 6/20/2018	License No. 01255						
Name of OSHA Monitor Harmony Contracting		Street Address 360 Palisade Ave							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Garfield, NJ 07026							
<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: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			Asbestos Pipe Insulation	140 LF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date 6/4/2018			

PAID

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

Date of Notification (1) 6/04/2018		Name of Building Owner/Operator (2) Cranfan Urban Renewal Assoc., LLC & Cranfan Urban Renewal Assoc.							
Agencies Notified	Type Notification	Street Address 5 Powell Lane							
<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 Collingswood, NJ 08108							
		Name of Contact Geoffrey Long	Telephone Number 856 662-1730 x176						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Midway/Chip Trucking Garage		Type of Facility (4)							
Street Address 2687 Route 130		<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) Cranbury		Square Feet 8,000	# of Floors (2)						
County (6) Middlesex		Bldg. Age ~ 60							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant-Former Truck Repair Facility							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections, Inc.		ASCM No. _____							
Street Address P.O. Box 11645		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
City, State, Zip Code Philadelphia, PA 19116		Street Address 42 Ridge Road							
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267 784-4693	City, State, Zip Code Phoenixville, PA 19460						
Start Date (10) 6/14/2018	Scheduled Completion Date (11) 6/28/2018	Telephone No. 610 933-4332	License No. 00836						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Neuber Environmental Services, Inc.							
<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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Chip and Midway Trucking			X	Floor Tile and Mastic	627 SF	X			
Midway Trucking Boiler Room			X	Transite Ceiling Board	110 SF	X			
Midway Trucking			X	Drywall/Joint Compound	105 SF	X			
Chip and Midway Trucking			X	Roofing	7,730 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste ~ 100 Cu. Yds.	Name of Registered Landfill GROWS/Tullytown Landfill				
City, State Trenton, NJ		Disposal Date 06/2018		City, State Morrisville, PA					
Completed by Tim Walter		Title Project Manager		Signature <i>Tim Walter</i>			Date 6/04/2018		


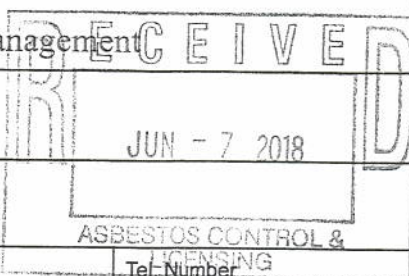
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)




Date of Notification (1) 06/01/2018		Name of Building Owner/Operator (2) Fanny Krivoy							
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 Montclair, NJ 07043							
		Name of Contact Fanny Krivoy	Telephone Number 917-669-9331						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Montclair, NJ 07043		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 06/12/2018		Scheduled Completion Date (11) 06/13/2018	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Pipe Insulation	18 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Projcet Manager		Signature 		Date 06/01/2018			

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/01/2018		Name of Building Owner/Operator (2) Mandelbaum Property Management	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	
Street Address 80 Main Street		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Jon Mandelbaum		Tel. Number 973-243-7000	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Dollar Store		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 65-99 Old Stage Rd		Sq. Feet: <u>2000</u> # of Floors <u>1</u> Bldg. Age <u>80</u>	
City (5) Spotswood	County (6) Middlesex	County Code (7) (State Use Only)	Current Use (if being demolished): abandoned
Name of Monitoring Firm Hired by Bldg. Owner (8) Sky Environmental Services, Inc.		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Street Address 140 Boulevard		Street Address 3300 Hudson Avenue	
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm Leonid Shereshevsky	Telephone Number 973-588-4821	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 06/04/2018	Scheduled Completion Date (11) 06/15/2018	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area is not in use		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
store room/rear closet	X	Joint compound	3800 SF
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 30	Name of Reg. Landfill IESI BETHLEHEM LANDFILL
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 06/15/2018	City, State BETHLEHEM, PA 18015	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 06/01/2018

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

PAID

Check # 1259

Date of Notification (1) June 4, 2018 November 7, 2017		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN - 7 2018 ASBESTOS CONTROL & LICENSING </div>
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	65 West Jimmie Leeds Road City, State & Zip Code Pomona, NJ 08240		
		Name of Contact Mike Turner – Aegis Property Group		
		Telephone Number		609-652-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center – Mainland Division		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 65 West Jimmie Leeds Road		Square Feet	# of Floors
City (5) Pomona, NJ		Bldg. Age 43 Years	
County (6) Atlantic		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 1600 Route 22 East, Ste 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	License Number 00817
Scheduled Start Date (10) November 18, 2017	Scheduled Completion Date (11) June 3, 2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 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"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Nurses Station, Hallways, Patient Rooms			X	Floor Tile / Sheet Flooring	14,500 SF	X			
1 st Floor Radiology			X	Floor Tile	17,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087		Disposal Date June 4, 2019	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 4, 2018 November 7, 2017

hook

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

Check # 12229 & 1037

Date of Notification (1) March 12, 2017 November 7, 2017		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN - 7 2018 ASBESTOS CONTROL & </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	65 West Jimmie Leeds Road City, State & Zip Code Pomona, NJ 08240			
		Name of Contact Mike Turner – Aegis Property Group			
				Telephone Number 609-652-1000	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center – Mainland Division			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 65 West Jimmie Leeds Road			Square Feet	# of Floors	Bldg. Age 43 Years
City (5) Pomona, NJ			Current Use (Prior if being demolished) Hospital		
County (6) Atlantic	County Code (7) USE ONLY				
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.		
Street Address 1600 Route 22 East, Ste 107			Street Address 829 Radio Road		
City, State & Zip Code Union, NJ 07083			City, State & Zip Code Little Egg Harbor, NJ 08087		
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	Telephone Number 609-296-6916	License Number 00817	
Scheduled Start Date (10) November 18, 2017	Scheduled Completion Date (11) June 4, 2018		Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		

Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 50 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"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Nurses Station, Hallways, Patient Rooms			X	Floor Tile / Sheet Flooring	14,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087	Disposal Date June 5, 2018	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date March 12, 2018 November 7, 2017

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

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

Check # 12229


Date of Notification (1) November 7, 2017		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JUN - 7 2018 ASBESTOS CONTROL & REMEDIATION </div>
<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"/> Cancellation	65 West Jimmie Leeds Road	
		City, State & Zip Code Pomona, NJ 08240	
		Name of Contact Mike Turner – Aegis Property Group	Telephone Number 609-652-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center – Mainland Division		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 65 West Jimmie Leeds Road		Square Feet	# of Floors
City (5) Pomona, NJ		Bldg. Age 43 Years	
County (6) Atlantic		Current Use (Prior if being demolished) Hospital	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 1600 Route 22 East, Ste 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	License Number 00817
Scheduled Start Date (10) November 18, 2017	Scheduled Completion Date (11) March 19, 2018	Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

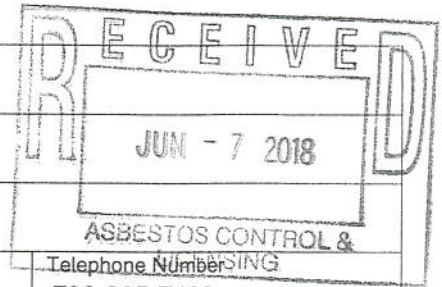
- | | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Nurses Station, Hallways, Patient Rooms			X	Floor Tile / Sheet Flooring	14,500 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date March 20, 2018		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator		Signature 			Date November 7, 2017			

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

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

PAID



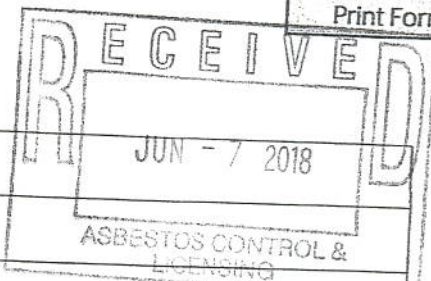
Date of Notification (1) 06/01/18		Name of Building Owner/Operator (2) Lakewood Public School District							
Agencies Notified	Type Notification	Street Address 200 Ramsey Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Timothy Adams							
		Telephone Number 732-905-7409							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Russel Wright Athletic Building Field House		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 755 Somerset Ave.									
City (5) Lakewood		Square Feet	# of Floors						
		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) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address PO Box 385		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Domenic D'Errico		Telephone No. 609-577-8804	Telephone No. 973 832 4244						
		License No. 01155							
Start Date (10) 06/14/18	Scheduled Completion Date (11) 06/28/18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hot water heater		X		Boiler ACM	24 SF	X		X	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by John Geleski		Title PM	Signature <i>John Geleski</i>			Date 06/01/18			

051215

PAID

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

Print Form



Date of Notification (1) 06/01/2018		Name of Building Owner/Operator (2) HYONG KIM							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code FORT LEE							
Name of Contact HYONG KIM		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000							
City (5) CLOSTER NJ		# of Floors 2							
County (6)		Bldg. Age 89							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) [REDACTED]							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
City, State, Zip Code		Street Address 1126 51 ST.							
Project Manager for Monitoring Firm		City, State, Zip Code NORTH BERGEN NJ. 07047							
Telephone No.		Telephone No. 201-776-0642							
Start Date (10) 06/01/2018		License No. 01300							
Scheduled Completion Date (11) 06/01/2018		Name of OSHA Monitor E,SL 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 <input type="checkbox"/> Other - Describe:		Street Address 307 W 38ST							
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 NEW YORK							
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor (Closet)		X		floor tile	40 sf.	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD		Name of Registered Landfill MINERVA ENTERPRISE INC			
City, State BRONX NEW YORK		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MNAER		Signature [Signature]		Date 06/01/2018			

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

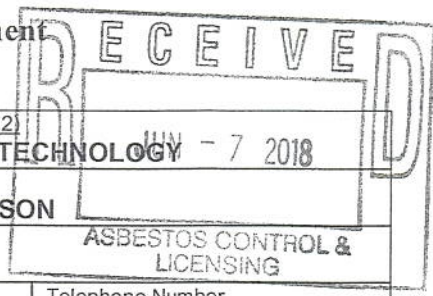
GAC Project # 642-2018

Date of Notification (1) June 4, 2018		Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – deleted work area – moved to Sub8 notification attached <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address 1 CASTLE POINT ON HUDSON City, State, Zip Code HOBOKEN, NJ 07030 Name of Contact MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY
	Telephone Number 201-912-4651 2018 ASBESTOS CONTROL & LICENSING		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MC CLEAN 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 & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years	
Street Address MAIN CAMPUS (507 RIVER STREET)		Current Use (prior if being demolished): ACADEMIC OFFICES	
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No. 00003	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 511 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. JIM GUILARDI	Telephone Number 856-840-8800 ext.31	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/11/2018	Scheduled Completion Date (11) 06/14/2018	Name of OSHA Monitor ENVIROVISION, 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 <input checked="" type="checkbox"/> Other – Describe: 4:00 PM–12:00 MID (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410	
Source 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) in Facility (13) CEMS Dept. CHAIR OFFICE, COPY ROOM, & CORRIDOR	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) FLOOR TILE (including mastic)	Amount (Specify SF or LF) 458 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/14/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 4, 2018

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

GAC Project # 642-2018

Date of Notification (1) June 1, 2018		Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY - 7 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	Street Address 1 CASTLE POINT ON HUDSON City, State, Zip Code HOBOKEN, NJ 07030 Name of Contact MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY Telephone Number 201-912-4651	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MC CLEAN 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 & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years	
Street Address MAIN CAMPUS (507 RIVER STREET)		Current Use (prior if being demolished): ACADEMIC OFFICES	
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No. 00003	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 511 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. JIM GUILARDI	Telephone Number 856-840-8800 ext.31	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/11/2018	Scheduled Completion Date (11) 06/14/2018	Name of OSHA Monitor ENVIROVISION, 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 <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12:00 MID (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410	
Source 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"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 458 SF
CEMS Dept. CHAIR OFFICE, COPY ROOM, & CORRIDOR	<input checked="" type="checkbox"/>	FLOOR TILE (including mastic)	<input checked="" type="checkbox"/>
CONFERENCE ROOM 120 & STORAGE 120A	<input checked="" type="checkbox"/>	FLOOR TILE (including mastic)	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/14/2018	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 1, 2018



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

GAC Project # 642-2018

Date of Notification (1) June 4, 2018		Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1- additional Work Area and material moved from Non-Sub8 notification attached) <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address 1 CASTLE POINT ON HUDSON City, State, Zip Code HOBOKEN, NJ 07030 Name of Contact MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY
			Telephone Number 201-912-4651 7 2018 <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right; text-align: center;"> RECEIVED ASBESTOS CONTROL & LICENSING </div>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MC CLEAN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years	
Street Address MAIN CAMPUS (507 RIVER STREET)		Current Use (prior if being demolished): ACADEMIC OFFICES	
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No. 00003	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 511 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. JIM GUILARDI	Telephone Number 856-840-8800 ext.31	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/15/2018	Scheduled Completion Date (11) 06/25/2018	Name of OSHA Monitor ENVIROVISION, 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: SUB 8 Occupied <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12:00 MID (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
CEMS Dept. MANAGER OFFICE, ADMIN. ASST. OFFICE& NEW COPY ROOM	<input checked="" type="checkbox"/>	FLOOR TILE (including mastic) & SUSPENDED CEILING TILES	376 SF
CONFERENCE ROOM 120 & STORAGE 120A	<input checked="" type="checkbox"/>	FLOOR TILE (including mastic) & SUSPENDED CEILING TILES	451 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561	Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509	Disposal Date 06/25/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067-215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 4, 2018

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi

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

GAC Project # 642-2018

Date of Notification (1) June 1, 2018		Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	1 CASTLE POINT ON HUDSON City, State, Zip Code HOBOKEN, NJ 07030	
		Name of Contact	Telephone Number
		MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY	201-912-4651
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MC CLEAN HALL		Type of Facility (4)	
Street Address MAIN CAMPUS (507 RIVER STREET)		<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.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years	
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC OFFICES
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No. 00003	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 511 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. JIM GUILARDI	Telephone Number 856-840-8800 ext.31	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/15/2018	Scheduled Completion Date (11) 06/25/2018	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: SUB 8 Occupied <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12:00 MID (24 HRS. & WEEKENDS AS NEEDED)		20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410	
Source 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
CEMS Dept. MANAGER OFFICE, ADMIN. ASST. OFFICE & NEW COPY ROOM	<input checked="" type="checkbox"/>	FLOOR TILE (including mastic) & SUSPENDED CEILING TILES	376 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 06/25/2018	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 1, 2018

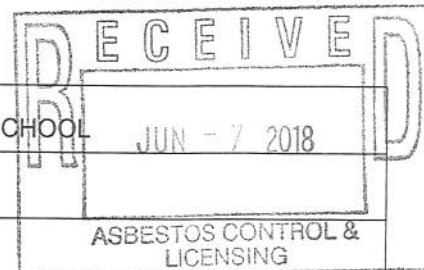
Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi

CK 6255

Print Form

PAID

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



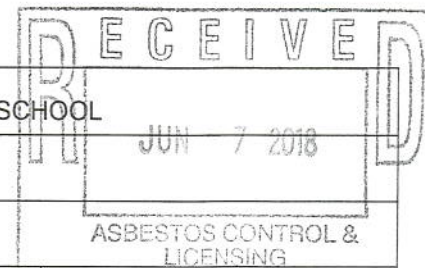
Date of Notification (1) 6-6-18		Name of Building Owner/Operator (2) FOUNDATION ACADEMY CHARTER SCHOOL							
Agencies Notified	Type Notification	Street Address 363 WEST STATE STREET	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08618							
		Name of Contact ANDREW	Telephone Number 856-232-0400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FOUNDATION COLLEGIATE ACADEMY		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 22 GRAND STREET		Square Feet 6600	# of Floors 5						
City (5) TRENTON		Bldg. Age +/-50							
County (6) TRENTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RECTORY							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 28 N. PENNELL ROAD		Street Address 2251 FRALEY STREET							
City, State, Zip Code MEDIA, PA 19053		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm WILLIAM KLINGER		Telephone No. 610-891-0114	License No. 01166						
Start Date (10) 6-20-18	Scheduled Completion Date (11) 7-15-18	Name of OSHA Monitor AET							
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 28 N. PENNELL ROAD							
		City, State, Zip Code MEDIA, PA 19053							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR			X	VAT	36SF	X			
1ST FLOOR			X	VAT	72SF	X			
1ST FLOOR-UNDER STAIRWELL			X	ACPI	30LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date _____	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 			Date 6-6-18			

CK 5254

Print Form

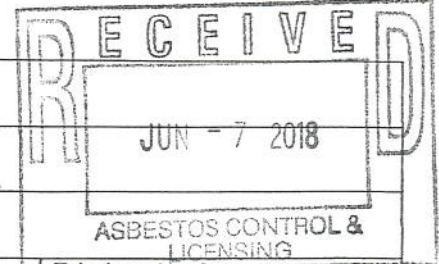
PAID

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



Date of Notification (1) 6-6-18		Name of Building Owner/Operator (2) FOUNDATION ACADEMY CHARTER SCHOOL							
Agencies Notified	Type Notification	Street Address 363 WEST STATE STREET							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08618							
		Name of Contact ANDREW	Telephone Number 856-232-0400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RECTORY 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 201 ADELINE STREET		Square Feet 4000	# of Floors 3						
City (5) TRENTON		Bldg. Age +/-50							
County (6) TRENTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RECTORY							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 28 N. PENNELL ROAD		Street Address 2251 FRALEY STREET							
City, State, Zip Code MEDIA, PA 19053		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm WILLIAM KLINGER		Telephone No. 610-891-0114	License No. 01166						
Start Date (10) 6-20-18	Scheduled Completion Date (11) 7-15-18	Name of OSHA Monitor AET							
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 28 N. PENNELL ROAD							
		City, State, Zip Code MEDIA, PA 19053							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3RD FLOOR			X	DRYWALL/JOINT COMPOUND	8300SF	X			
3RD FLOOR			X	TRANSITE CEILING	362SF	X			
3RD FLOOR			X	ACPI	350LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date _____		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 		Date 6-6-18			

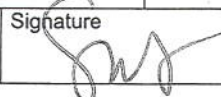
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/30/ 2018		Name of Building Owner/Operator (2) FRANK & MARK AXELROD							
Agencies Notified	Type Notification	Street Address [REDACTED]	City, State, Zip Code TEANECK NJ, 07666						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact FRANK AXELROD	Telephone Number 201 - 836 7753						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000	# of Floors 2						
City (5) TEANECK NJ. 07666		Bldg. Age 92							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 - 51 STREET.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-776 - 0642	License No. 01300						
Start Date (10) 06/05/2018	Scheduled Completion Date (11) 05/06/2018	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 <input type="checkbox"/> Other - Describe:		Street Address 307W. 38TH							
		City, State, Zip Code NEW YORK NY. 10018							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	140 LF.	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 05/30/2018					

hook

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

Date of Notification (1) <u>5</u> / <u>31</u> / <u>18</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1802-5273 Check #		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN - 7 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input 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 Ryan Thomasen							
				Telephone Number 973-941-8155					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Orange Gas Facility				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 284 North Park Street				Square Feet	# of Floors				
City (5) East Orange, NJ				Bldg. Age					
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) District Office					
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.		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) <u>4</u> / <u>30</u> / <u>18</u>	Scheduled Completion Date (11) <u>6</u> / <u>29</u> / <u>18</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Paper & TarFlashing	2,290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sealant Caulk	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Insulation	7,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group		NJDEP Waste Hauler ID No. NJD0006920		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Flanders, NJ		Disposal Date 6/29/18		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator			Signature 		Date 5/31/18			

WOCK

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

Date of Notification (1) <div style="text-align: center;">6 / 1 / 18</div>		Name of Building Owner/Operator (2) PSE&G / Job # 1804-5305 Check #10077	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <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 Andrew Puk Telephone Number	

RECEIVED
 JUN - 7 2018
 ASBESTOS CONTROL & LICENSING

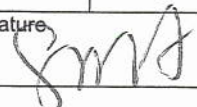
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G- Hope Creek Island		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 299 Alloway Creek Neck Rd.		Square Feet	# of Floors
City (5) Salem, NJ		Bldg. Age	
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) District Office	
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.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <div style="text-align: center;">5 / 2 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 8 / 18</div>	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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	37,000 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"/>
	<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	NJDEP Waste Hauler ID No. NJD0006920	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Flanders, NJ	Disposal Date 6/8/18	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 6/11/18

OK 10186
PAID

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

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1805-5316 - Check #10186							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John Greco	Telephone Number 201-602-1499						
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 Corner of Overlook Drive & North Main Street		Square Feet	# of Floors						
City (5) Wharton, NJ		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) 1 Source Safety & health, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon	Telephone No. 610-524-5525	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 4 / 18	Scheduled Completion Date (11) 6 / 6 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
(2) Exterior Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos containing transite conduit	32 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 6/6/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 6/1/18			

CK10178

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

Date of Notification (1) 6 / 5 / 18		Name of Building Owner/Operator (2) East Brunswick BOE / Job #1805-5312 Check #10178 PG.1 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 760 NJ-18							
		City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact Ryan Applegate	Telephone Number 732-744-7774						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Irwin ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 75 Racetrack Road		Square Feet							
City (5) East Brunswick		# of Floors							
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 5434 King Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462	License No. 00529						
Start Date (10) 6 / 26 / 18	Scheduled Completion Date (11) 7 / 10 / 18	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							
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		City, State, Zip Code Cinnaminson, NJ 08077							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Multi-Purpose Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation & assoc fittings	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Serving Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation & assoc fittings	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation & assoc fittings	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Purpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vapor Barrier & Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/10/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 6/15/18		

PAID

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

Date of Notification (1) 6 / 5 / 18		Name of Building Owner/Operator (2) East Brunswick BOE / Job #1805-5312 Check #10178 PG. 2 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 760 NJ-18 City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Ryan Applegate Telephone Number 7 2018 732-744-7774							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Irwin ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 75 Racetrack Road		ASBESTOS CONTROL & LICENSING							
City (5) East Brunswick	Square Feet	# of Floors	Bldg. Age						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 5434 King Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Tom Pruno	Telephone No. 609-744-7462	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 26 / 18	Scheduled Completion Date (11) 7 / 10 / 18	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Multi-Purpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall paneling on block walls with adhesive	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Office & Small Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & assoc fittings	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & assoc fittings	150 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/10/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator			Signature <i>Gwendolyn Trumbetti</i>			Date 6/5/18		

PAID

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

CL # 3378

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN - 7 2018 CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti			
Telephone Number 609-771-2881									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2000 Pennington Rd.				Square Feet 66,000					
City (5) Ewing				# of Floors 2					
County (6) MERCER				Bldg. Age 88					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114		License No. 00509					
Start Date (10) 6 / 18 / 18		Scheduled Completion Date (11) 7 / 19 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/7:00PM-7:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature Brian Scafiro /jl		Date 6/1/18			

ASB-41

MAY 11 13518041-58

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

B & G proj. #: 2018-119

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

Check # 9000

Date of Notification (1) 06/01/2018		Name of Building Owner/Operator (2) Cathleen Cahn		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">JUN - 7 2018</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Wyckoff, NJ 07481		
		Name of Contact Cathleen Cahn		
		Telephone Number 201-615-3244		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Cathleen Cahn			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		
City (5) Wyckoff	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)		ASCM No. n/a	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) 06/11/2018		Sched. Completion Date (11) 06/12/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
lower level bedroom, closet & laundry room			<input checked="" type="checkbox"/>	VAT	310 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 06/13/2018	City, State Morrisville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/01/2018

B & G proj. #: 2018-117

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

Check # 9001

Date of Notification (1) 06/01/18		Name of Building Owner/Operator (2) Cristal Dash		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVE JUN - 7 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07013		
Name of Contact Cristal Dash		Telephone Number 347-668-0189		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Cristal Dash			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		
City (5) Clifton, NJ 07013	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/13/2018	Sched. Completion Date (11) 06/14/2018		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

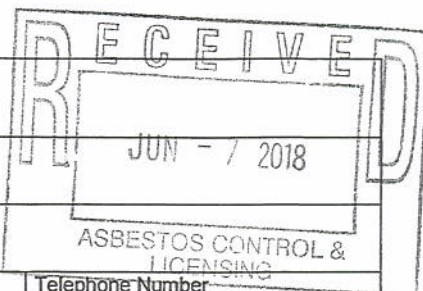
Scope of Work (check all that apply)

- ☐ 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement and storage room			<input checked="" type="checkbox"/>	pipe insulation	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 06/14/2018	City, State Morrisville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/01/2018

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;">06 / 01 / 18</div>		Name of Building Owner/Operator (2) County of Burlington							
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 49 Rancocas Valley Road							
		City, State, Zip Code Mount Holly, NJ 08060							
		Name of Contact Mark Hansen	Telephone Number 856-722-6700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 9 Maple Avenue									
City (5) Hainesport		Square Feet	# of Floors Bldg. Age						
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 200 Century Parkway, Suite B		Street Address 27 Outwater Lane							
City, State, Zip Code Mount Laurel, NJ 08054		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396	License No. 1188						
Start Date (10) <div style="text-align: center;">06 / 14 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 14 / 18</div>	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Office Wing Addition-Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grey Boiler Rib Paste/Sealant	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Wing Addition- Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Wing Addition- Throughout 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Wing- Throughout 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ G.R.O.W.S. North Landfill/ Fairless Landfill					
City, State Shirley, NY / Elizabeth, NJ			Disposal Date TBD	City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 6/1/18			

RECEIVED
JUN - 7 2018
ASBESTOS CONTROL & LICENSING

[illegible]

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 6/1/18
--	------------------------	------------------------------------	-----------------

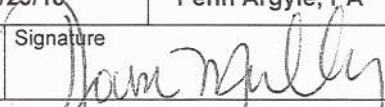
OK 6045

PAID

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

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) HealthSouth Corporation		Job #1806-2310 Chk. #5045					
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 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann					
				Telephone Number 205-970-7850					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HealthSouth - Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 16 Oliver Street									
City (5) Toms River			Square Feet 2500	# of Floors 2	Bldg. Age				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 6 / 11 / 18		Scheduled Completion Date (11) 6 / 29 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Sheet Flooring	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney Flashing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 6/29/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin.		Signature <i>Joann Mullarkey</i>		Date 6-1-18			

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

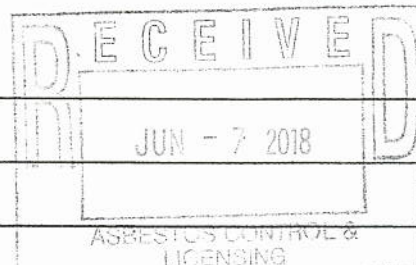
Date of Notification (1) <div style="text-align: center;">6 / 1 / 18</div>		Name of Building Owner/Operator (2) HealthSouth Corporation / Job #1806-2310 Chk. #5045							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann Telephone Number 205-970-7850							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HealthSouth - Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 12 Oliver Street		Square Feet 2500 # of Floors 2 Bldg. Age 							
City (5) Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400 License No. 00862						
Start Date (10) <div style="text-align: center;">6 / 11 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 29 / 18</div>	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 checked="" 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"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Tar Paper	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors & Windows - (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Caulk	12 Ea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 6/29/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin.	Signature 			Date 6-1-18			

PAID

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

Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) HealthSouth Corporation / Job #1806-2310 Chk. #5045							
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 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann Telephone Number 205-970-7850							
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING							
Name of Facility Where Abatement is Taking Place (3) HealthSouth - Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Oliver Street		Square Feet 2500							
City (5) Toms River		# of Floors 2							
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.							
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Dave or Steve Flanigan		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 856-848-0800		Telephone No. 609-702-0400							
Start Date (10) <u>6</u> / <u>11</u> / <u>18</u>		License No. 00862							
Scheduled Completion Date (11) <u>6</u> / <u>29</u> / <u>18</u>		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 checked="" 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							
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"/> Pull Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingles & Tar Paper	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Siding	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Bathroom & bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Coating	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimney & Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing & Joint Compound	3 SF & 150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 6/29/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin.		Signature <i>Joann Mullarkey</i>		Date 6-1-18			

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



Date of Notification (1) 06/01/2018		Name of Building Owner/Operator (2) Leah Barhash							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair Nj							
		Name of Contact Patricia Davis	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building apartment		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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Montclair		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARMENT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 06/11/2018		Scheduled Completion Date (11) 06/12/2018	License No. 01274						
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: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC							
		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CLOSET		X		VAT	80SF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 06/01/2018			

RECEIVED
JUN - 7 2018
ASBESTOS CONTROL & LICENSING

ASB-41
JAN 13

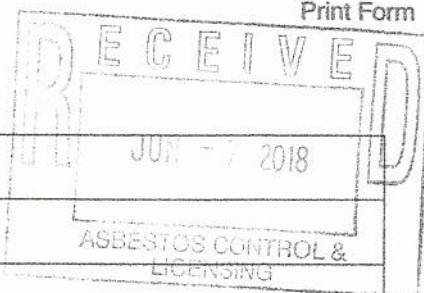
** Do not use this form for asbestos licensure exempted activities.*

04376

PAID

Print Form

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



Date of Notification (1) 06/04/2018		Name of Building Owner/Operator (2) ISJ Management Inc.							
Agencies Notified	Type Notification	Street Address 110 W. 34th Street 9th Floor							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10001							
		Name of Contact Henry Poyker	Telephone Number 212-239-8580						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building 4th Floor		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 170 Market Street		Square Feet 20,000	# of Floors 4						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental, Inc.		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Ave.		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-434-6316	License No. 0666						
Start Date (10) 06/19/2018	Scheduled Completion Date (11) 06/27/2018	Name of OSHA Monitor Bako Construction & Restoration, 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 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
4th Floor Mechanical & Side Room		X		Duct Insulation	945 SF	x			
4th Floor Mechanical Room		X		Thermal System Insulation	85 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 06/27/2018		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 				Date 06/04/2018	

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

RECEIVED
JUN - 7 2018
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Road			
City (5) Ewing	Square Feet	# of Floors	Bldg. Age
County (6) Mercer	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Road		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040
			License No. 00509
Start Date (10) <div style="text-align: center;">5 / 21 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 29 / 18</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 7:00PM-7:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6-5-18	

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

CHK # 3358

Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) The College of New Jersey		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN - 7 2018 CONTROL & RECORDS </div>						
Agencies Notified <input checked="" type="checkbox"/> EPA 9135 <input checked="" type="checkbox"/> DOLWD 9098 <input checked="" type="checkbox"/> DHSS 9104 <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 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2881				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 2000 Pennington Road				Square Feet						
City (5) Ewing				# of Floors						
County (6) Mercer				Bldg. Age						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc			ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 28 Pennell Road			City, State, Zip Code Media, PA 19063		Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm Roy Mosaicant			Telephone No. 610-891-0114		City, State, Zip Code BRISTOL, PA 19007					
Start Date (10) 5 / 21 / 18			Scheduled Completion Date (11) 6 / 29 / 18		Telephone No. 215-788-6040					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 7:00 PM - 7:00 AM			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		License No. 00509					
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 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	Enclose
Room 204		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.			NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007			Disposal Date		City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro			Title Estimator		Signature Brian Scafiro		Date 5-7-18			

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

CH# 3380

Date of Notification (1) 6/5/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN - 7 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 446 HIGH STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code BURLINGTON NEW JERSEY 08016							
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON - BURLINGTON CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 446 HIGH STREET			Square Feet 36600	# of Floors 4	Bldg. Age 80				
City (5) BURLINGTON	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) 6/20/18	Scheduled Completion Date (11) 6/21/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mech Room – Fan #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT \ Mastic	28 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech Room – Fan #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 2	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / Jr</i>		Date 6/5/18				

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

PAID

chk # 3379

RECEIVED
JUN - 7 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/5/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 216 LEXINGTON AVENUE	
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code LAKEWOOD, NJ 08701	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - LAKEWOOD CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 216 LEXINGTON AVE			Square Feet 20000		
City (5) LAKEWOOD		County (6) OCEAN	County Code (7)		# of Floors 3
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.			ASCM No.		
Street Address 8436 ENTERPRISE AVE			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code PHILADELPHIA PA 19153			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm MARK JENKINS			Telephone Number 215-365-5810		License Number 00509
Scheduled Start Date (10) 6/18/18		Scheduled Completion Date (11) 6/20/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT POWER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 2	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/5/18

PAID

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

CE # 3381

Date of Notification (1) <div style="text-align: center;">6 / 5 / 18</div>		Name of Building Owner/Operator (2) Verizon							
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 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Cape May Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1116 Seashore Road		Square Feet # of Floors Bldg. Age							
City (5) Cape May		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Cape May									
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00509						
Start Date (10) <div style="text-align: center;">6 / 16 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 18 / 18</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / _____ 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) 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
Cage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jl</i>				Date 6/5/18			