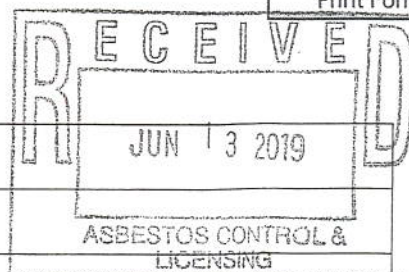


Inr # 11820  
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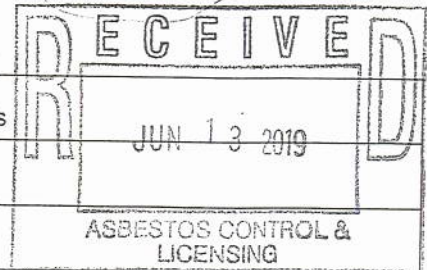
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)


Print Form



Date of Notification (1) June 6, 2019		Name of Building Owner/Operator (2) Mrs. Hennis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" 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 Kearny, NJ 07032							
		Name of Contact Maria Nicastro	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hennis Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Kearny		Square Feet 1600	# of Floors 2						
		Bldg. Age 68							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ***							
Name of Monitoring Firm Hired by Building Owner (8) none		ASC No. ***	Name of Abatement Contractor (9) JRM Construction Services, LLC.						
Street Address ***		Street Address 500 Paterson Plank Road							
City, State, Zip Code ***		City, State, Zip Code Union City, NJ 07087							
Project Manager for Monitoring Firm ***		Telephone No. ***	License No. 01385						
Start Date (10) June 20, 2019	Scheduled Completion Date (11) July 31, 2019	Name of OSHA Monitor none							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address ***							
		City, State, Zip Code ***							
Scope of Work (Check All That Apply)									
<input checked="" 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
1 & 2 Floors			x	wall & ceiling Plaster	2,700	X			
Basement			x	floor tile & mastic	300 sf	X			
Basement			x	Pipe Insulation	20	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises Landfill					
City, State Newark, New Jersey			Disposal Date 7/30/19	City, State Waynesburg, Ohio 44688					
Completed by Javier Mandez		Title President	Signature 	Date 6/6/2019					

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



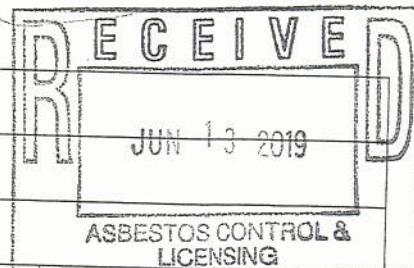
Date of Notification (1) 06/04/19		Name of Building Owner/Operator (2) Gloucester Township Public Schools							
Agencies Notified	Type Notification	Street Address 17 Erial Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Blackwood, NJ 08012							
		Name of Contact Sani Umar	Telephone Number 856-227-7688 Ext 4100						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Glendora Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 Station Ave.		Square Feet unknown	# of Floors 2						
City (5) Glendora		Bldg. Age unknown							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 515 Grove St.		Street Address 156 Maple Ave.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856-547-0505	Telephone No. 862-221-9092						
Start Date (10) 06/18/19		Scheduled Completion Date (11) 07/03/19	License No. 01107						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Name of OSHA Monitor Leslaw Nalodka							
		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room		*		breaching insulation	100 sf.	*			
boiler room		*		boiler insulation	assumed	*			
boiler room		*		hot water tank	assumed	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 07/03/19		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President		Signature 			Date 06/04/19		



IRV# 11822  
OK 23910  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form




Date of Notification (1) 06/04/19		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104							
		Name of Contact Nasar Schabo							
		Telephone Number 973-457-4000							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Catherine of Siena Parish		Type of Facility (4)							
Street Address 339 Pompton Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) cedar Grove		Square Feet 8000	# of Floors 2						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) parish building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-221-9092						
			License No. 01107						
Start Date (10) 06/14/19		Scheduled Completion Date (11) 06/22/19							
Name of OSHA Monitor Leslaw Nalodka									
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wallington, NJ 07057							
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 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
throughout the building			*	pipe fittings	70 lf.	*			
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 2	Name of Registered Landfill GCSL					
City, State Wayne, NJ		Disposal Date 06/24/19		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 		Date 06/04/19				



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

CHECK #

2203

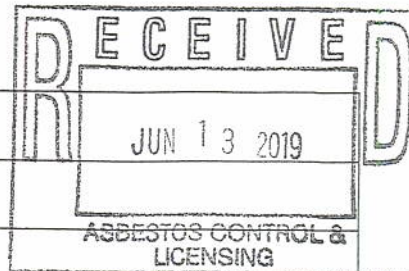
Date of Notification (1) <b>6/4/19</b>		Name of Building Owner / Operator (2) <b>PQ</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 13 2019   ASBESTOS LICENSING  <b>9088031034</b> </div>	
Agencies Notified	Type Notification	Street Address <b>2 Paddock Street</b>			
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Avenel NJ</b>			
		Name of Contact <b>Marc Hudock</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PQ</b>			Type of Facility (4)		
Street Address <b>2 Paddock Street</b>			<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) <b>Avenel</b>	County (6) <b>Middlesex</b>	County Code (7) <b>NA</b>	Square Feet <b>300</b>	# of Floors <b>1</b>	Bldg. Age <b>NA</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Iris Laboratory</b>			Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC</b>		
Street Address <b>2333 Rt 22</b>			Street Address <b>874 Piney Hollow Road, PO Box 70</b>		
City, State & Zip Code <b>Union NJ 07083</b>			City, State & Zip Code <b>Winslow, NJ 08095</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-567-0600</b>	License Number <b>01263</b>	
Scheduled Start Date (10) <b>6/4/19</b>	Scheduled Completion Date (11) <b>6/14/19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>200 Route 130 North</b>		
			City, State & Zip Code <b>Cinnaminson NJ 08077</b>		
Scope of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>					
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
<b>Transite Panels</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>300 SF</b>	<input checked="" type="checkbox"/>
<b>Transite Debris</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>2 LF</b>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage.</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Waste Management Landfill</b>	
City, State <b>Freehold NJ</b>			Disposal Date <b>6/10/19</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>President</b>	Signature 	Date <b>6/4/19</b>	



Inv# 11826  
 CK 2019

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

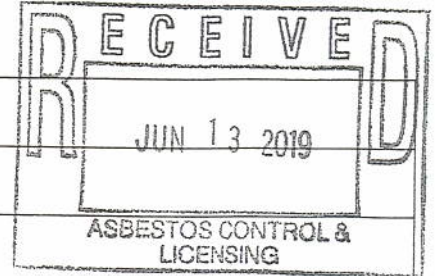


Date of Notification (1) 06-06-19		Name of Building Owner/Operator (2) Leeann Development LLC							
Agencies Notified	Type Notification	Street Address 208 -210 West Side Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Michelle Catanio	Telephone Number (201) 324-1300						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 840 West Side Ave.		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 06-17-19	Scheduled Completion Date (11) 06-22-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding Black Tar Paper	3,800 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 06-21-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature			Date 06-06-19		

Inv # 11827  
 CK2018

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



Date of Notification (1) 06-06-19		Name of Building Owner/Operator (2) Elite Home Construction							
Agencies Notified	Type Notification	Street Address 1580 Lemoine Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact Michael Garbuz	Telephone Number (201) 697-9953						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cliffside Park		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 06-17-19		Scheduled Completion Date (11) 06-21-19	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Window Caulking	80 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 06-21-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 06-06-19			

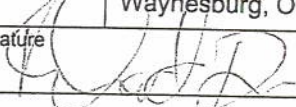


INV #11828

OK 20280 PAID

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

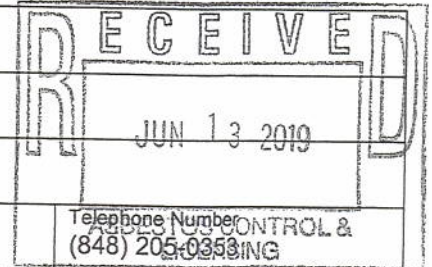
CHECK # 26227/26286

Date of Notification (1) 06-07-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 13 2019  NEW JERSEY  DEPARTMENT OF  ENVIRONMENTAL  CONTROL &amp;  CENSING </div>						
Agencies Notified		Type Notification				Street Address 74 Street 1603				
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Piscataway NJ 08854				
				Name of Contact Michael F Smith		Telephone Number 848-445-2550				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Richardson Apartments				Type of Facility (4)						
Street Address 187 Bevier Road				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Piscataway				Square Feet		# of Floors 3				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services			ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 3 Terri Ln					Street Address 200 Broad Street					
City, State, Zip Code Burlington NJ 08016					City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Brian Kearney			Telephone No. 609-386-8800		Telephone No. 201-939-6565		License No. 00756			
Start Date (10) (3)06-10-19		Scheduled Completion Date (11) (3)07-08-19		Name of OSHA Monitor Even-Air Inc.						
Occupancy Status During Abatement (Check Only One)				Street Address 10-59 Jackson Avenue						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 8am - 8am, 24hr access "unoccupied"				City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd Floor				x	Vinyl Sheet Flooring/VAT	1,600SF	x			
3rd Floor				x	Vinyl Sheet Flooring/VAT	1,600SF	x			
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)			NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY / Newark, NJ					Disposal Date TBD		City, State Waynesburg, OH 44688			
Completed by Richard Doran			Title Project Manager		Signature 		Date 06-07-19			



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

CHECK #6020



Date of Notification (1) 06-05-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
		Name of Contact James Eng	Telephone Number (848) 205-0353						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 544 Springfield Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit		Square Feet 45,000SF	# of Floors 3						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 45 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	Telephone No. 201-939-6565						
Start Date (10) 06-17-19		Scheduled Completion Date (11) 12-31-19	License No. 00756						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Even-Air Inc.							
		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bsmt: Ventilation Equipment Room			x	Pipe Insulation	700LF	x			
Bsmt: Ventilation Equipment Room			x	VAT/Mastic	2,100SF	x			
Bsmt: Ventilation Equipment Room			x	Duct Insulation	400SF	x			
Basement: Generator Room			x	Pipe Insulation	100LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 06-05-19			

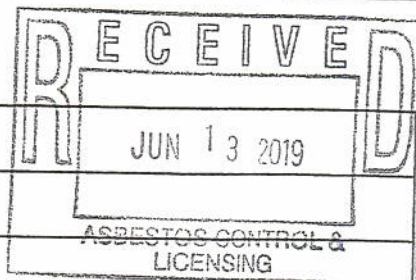


### Additional Materials / Floors

Pg. 2

[illegible]

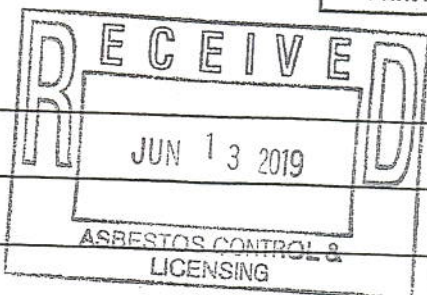
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Metuchen NJ							
Name of Contact Tom Jones		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,788							
City (5) Metuchen		# of Floors 3							
County (6) Middlesex		Bldg. Age 88							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465							
License No. 01316		Name of OSHA Monitor A. Seine Lighthouse Solutions							
Start Date (10) 06/10/2019		Scheduled Completion Date (11) 07/05/2019							
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 PO Box 354							
City, State, Zip Code South Orange, NJ 07079									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 wrap	80 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature [Signature]		Date 05/29/2019			



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



Inv #11831  
CK 3443  
PAID

Date of Notification (1)  
05/17/2019 6/11/19

Name of Building Owner/Operator (2)  
Residence

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

Type Notification  
☒ Initial  
☒ Amended Amendment # 1  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Somerville NJ 08876

Name of Contact  
Bruce Parker

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
[REDACTED]

City (5)  
Somerville

County (6)  
Somerset

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
1,323

# of Floors  
2

Bldg. Age  
99

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
A. Seine Lighthouse Solutions

ASCM No.

Name of Abatement Contractor (9)  
Brinks Tank Services

Street Address  
PO Box 354

City, State, Zip Code  
South Orange, NJ 07079

Project Manager for Monitoring Firm  
Sarah Calandra

Telephone No.  
201-349-2666

Telephone No.  
844-462-7465

License No.  
01316

Start Date (10)  
05/28/2019 6/13/19

Scheduled Completion Date (11)  
06/18/2019 6/20/19

Name of OSHA Monitor  
A. Seine Lighthouse Solutions

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

Street Address  
PO Box 354

City, State, Zip Code  
South Orange, NJ 07079

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

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

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste

Name of Registered Landfill  
Waste Management Landfill

City, State  
East Orange, NJ

Disposal Date

City, State  
Penn Argyle, PA

Completed by  
Alison Lamers

Title  
Office Manager

Signature  
[Signature]

Date  
05/17/2019



INV #11834

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

CK 5116

Date of Notification (1) <b>6/7/19</b>		Name of Building Owner/Operator (2) <b>JK MANAGEMENT, LLC</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1051 BLOOMFIELD</b>				
		City, State, Zip Code <b>CLIFTON, NJ 07012</b>				
		Name of Contact <b>MS. GALASSO</b>	Telephone Number <b>973-591-5222</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>STYERTOWE APARTMENTS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>930 BLOOMFIELD AVE</b>		Square Feet <b>4500</b>	# of Floors <b>2</b>			
City (5) <b>CLIFTON</b>		Bldg. Age <b>1960</b>				
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>BLDG APTS</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>6/19/19</b>	Scheduled Completion Date (11) <b>6/20/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:30 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
		<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) 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) <b>15 LF</b>	Abatement Type		
				Removal	Repair	Encapsulate
<b>GARAGE 2AC</b>	<input checked="" type="checkbox"/>	<b>THERMAL SYSTEM INSULATION</b>	<b>15 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1.127</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>6/20/19</b>	City, State <b>NEW BURG, PA 17240</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>6/7/19</b>			

ASB-41

\* 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)

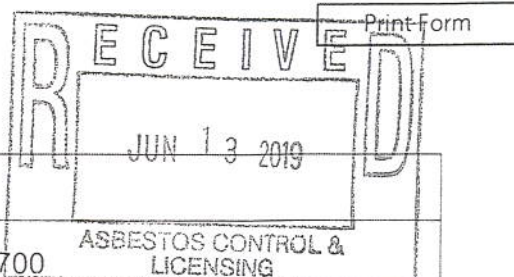
CK3445 PAID  
 INUHI1837  
 6/11/19

Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Residence		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 13 2019  ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code East Rutherford NJ 07073			
						Name of Contact Father Joe Astarita			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residence				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) East Rutherford				Square Feet 8,000	# of Floors 3				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 199				
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions				Current Use (Prior if being demolished)					
Street Address PO Box 354				Name of Abatement Contractor (9) Brinks Tank Services					
City, State, Zip Code South Orange, NJ 07079				Street Address 1256 Liberty Avenue					
Project Manager for Monitoring Firm Sarah Calandra				City, State, Zip Code Hillside, NJ 07205					
Telephone No. 201-349-2666				Telephone No. 844-462-7465	License No. 01316				
Start Date (10) 06/10/2019		Scheduled Completion Date (11) 07/02/2019		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354					
<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 South Orange, NJ 07079					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input 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
Rear of Church		X		9"x9" floor tile	475 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>[Signature]</i>		Date 05/29/2019			



Inv# 11836  
OK 44245 PAID

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



Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) Macerich	
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401	
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387

Name of Facility Where Abatement is Taking Place (3) Former Sears Store			Type of Facility (4)		
Street Address 1750 Deptford Center Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Deptford Township			Square Feet 150000	# of Floors 2	Bldg. Age 30+
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant		

Name of Monitoring Firm Hired by Building Owner (8) IPR Associates & Environmental Inc.		ASCM No. 78012	Name of Abatement Contractor (9) Associated Speciality Contracting Inc	
Street Address 191-20 115 Road		Street Address 98 LaCrue Ave		
City, State, Zip Code Saint Albans NY 11412		City, State, Zip Code Glen Mills Pa. 19342		
Project Manager for Monitoring Firm Paul Olisah		Telephone No. 610-364-9622	License No. 01103	
Start Date (10) 5/7/19	Scheduled Completion Date (11) 7/12/19	Name of OSHA Monitor Synertech		
Occupancy Status During Abatement (Check Only One)		Street Address 2206 S Broad St		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe:		City, State, Zip Code Philadelphia Pa 19145		

Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input 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 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
Canopy roofing	x			roofing	7,030 sf	x			
Main Building Mezzanine	x			Boiler Insulation	200sf	x			
Main Building	x			Flue pipe Insulation	90lf	x			
Main Building 1st and 2nd floors	x			floor mastic	34,000sf	x			

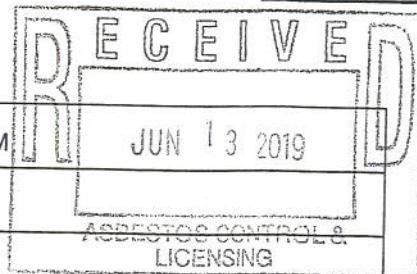
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 300	Name of Registered Landfill Tulleytown Resources Recovery Landfill	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA	
Completed by Jack Tomasura	Title SR Estimator	Signature <i>Jack Tomasura</i>		Date 6/12/19	



JRW#11833

Print Form

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



Date of Notification (1) JUNE 11, 2019		Name of Building Owner/Operator (2) MONMOUTH COUNTY PARK SYSTEM							
Agencies Notified	Type Notification	Street Address 805 NEWMAN SPRINGS ROAD							
<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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINCROFT, NJ 07738							
		Name of Contact JOHN EISEMANN	Telephone Number 732-299-0795						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SWIMMING RIVER PARK		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 507 WEST FRONT STREET		Square Feet 7400	# of Floors 1						
City (5) RED BANK		Bldg. Age 63							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PUBLIC ACCESS							
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS CONTRACTING SERVICES		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES						
Street Address 3 CROSSWICKS ST		Street Address 1256 LIBERTY AVE							
City, State, Zip Code BORDENTOWN, NJ 08505		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm MICHAEL HOODAK		Telephone No. 609-298-5520	License No. 01316						
Start Date (10) JUNE 17, 2019	Scheduled Completion Date (11) JULY 17, 2019	Name of OSHA Monitor BRIGGS CONTRACTING SERVICES							
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 3 CROSSWICKS ST							
		City, State, Zip Code BORDENTOWN, NJ 08505							
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
SHED		X		ROOFING	160SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ			Disposal Date	City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 06.11.19					

JUN 11 2019  
 (41107)

PAID

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

Print Form

RECEIVED  
 JUN 13 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) JUNE 11, 2019		Name of Building Owner/Operator (2) MONMOUTH COUNTY PARK SYSTEM						
Agencies Notified	Type Notification	Street Address 805 NEWMAN SPRINGS ROAD						
<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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINCROFT, NJ 07738						
		Name of Contact JOHN EISEMANN	Telephone Number 732-299-0795					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) SWIMMING RIVER PARK		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 507 WEST FRONT STREET		Square Feet 7400	# of Floors 1					
City (5) RED BANK		Bldg. Age 63						
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PUBLIC ACCESS						
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS CONTRACTING SERVICES		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES					
Street Address 3 CROSSWICKS ST		Street Address 1256 LIBERTY AVE						
City, State, Zip Code BORDENTOWN, NJ 08505		City, State, Zip Code HILLSIDE, NJ 07205						
Project Manager for Monitoring Firm MICHAEL HOODAK		Telephone No. 609-298-5520	Telephone No. 844-462-7465					
License No. 01316								
Start Date (10) JUNE 17, 2019	Scheduled Completion Date (11) JULY 17, 2019	Name of OSHA Monitor BRIGGS CONTRACTING SERVICES						
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 3 CROSSWICKS ST						
		City, State, Zip Code BORDENTOWN, NJ 08505						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
SEE ATTACHED			X	SEE ATTACHED		X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL				
City, State EAST ORANGE, NJ		Disposal Date		City, State PEN ARGYLE, PA				
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lammers</i>	Date 06.11.19				



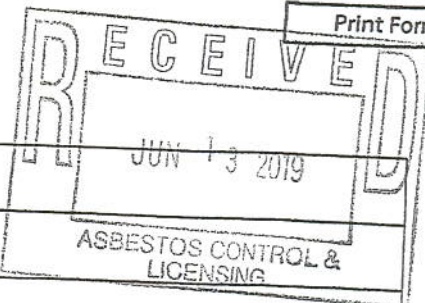
Inv# 118312

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

Print Form



Date of Notification (1) 05/20/2019		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Woodbridge NJ							
Name of Contact Fernando Fernandez		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,292							
City (5) Woodbridge		# of Floors 2							
County (6) Middlesex		Bldg. Age 103							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465							
Start Date (10) 05/31/2019		License No. 01316							
Scheduled Completion Date (11) 06/24/2019		Name of OSHA Monitor A. Seine Lighthouse Solutions							
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 PO Box 354							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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		City, State, Zip Code South Orange, NJ 07079							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	90 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature [Signature]		Date 05/20/2019			