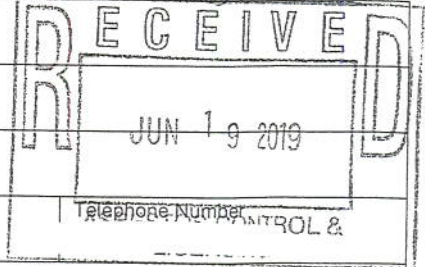


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

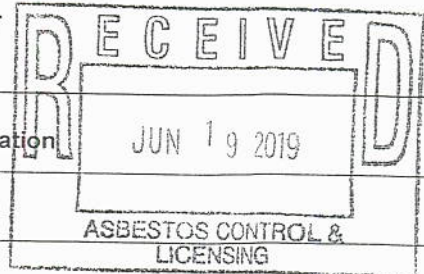
Check 18932



Date of Notification (1) 6/7/19		Name of Building Owner/Operator (2) Idalia Valencia							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, NJ							
		Name of Contact Denise	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Dover		Square Feet 1000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 78						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/24/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	25 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/7/19			

Inv # 12038
OK5790 PAID

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



Date of Notification (1) 06 / 07 / 19		Name of Building Owner/Operator (2) Greenwich Township Board of Education	
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 11 Gumtree Corner Road City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact John Klug	Telephone Number 856-455-1717

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morris Goodwin 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 and commercial buildings, homes, etc.)	
Street Address 839 YeGreate Street			
City (5) Greenwich		Square Feet 70,000	# of Floors 2
County (6) Cumberland		County Code (7)(STATE USE ONLY)	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		Current Use (Prior if being demolished) School	
Street Address 1930 Brown Road		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Newfield, NJ 08344		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Jim Eberts		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 856-205-1077	Telephone No. 856-755-0099	License No. 00842	
Start Date (10) 06 / 28 / 19	Scheduled Completion Date (11) 07 / 01 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	720 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 3	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 07/01/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6/7/19		

RECEIVED	
JUN 19 2019	
1505	
DOL - 10 DAY	
LICENSING	
JUN 19 2019	
WAIVER APPROVED	
Telephone Number	
(973) 641-1736	

Inv # 11670
0K1505
PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1)
June 10, 2019

Name of Building Owner/Operator (2)
NJ American Water Company

Street Address
48 Polhemus Lane

City, State, Zip Code
Bridgewater, NJ

Name of Contact
Project Manager

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

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

Name of Facility Where Abatement is Taking Place (3)
Raritan Millstone Water Treatment Plant

Street Address
48 Polhemus Lane

City (5)
Bridgewater, NJ

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
of Floors
Bldg. Age

Current Use (Prior if being demolished)
Water Treatment Plant

Name of Monitoring Firm Hired by Building Owner (8)
A.E.S.L.

Street Address
2200 Paterson Plank rd # 7

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm
Carmello Altomonte

Telephone No.
201-864-6563

Start Date (10)
6/11/19

Scheduled Completion Date (11)
6/30/19

Name of Abatement Contractor (9)
The MACK Group, LLC

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Telephone No.
(973) 759 - 5000

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 180 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovabag 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
underground		X		transits electrical conduit	TBD	X			

Name of Registered Waste Hauler
Mazza & Sons

City, State
Tinton Falls NJ

NJ DEP Waste Hauler ID No.
36K91

Cubic Yards of Waste
TBD

Name of Registered Landfill
FAIRLESS HILLS LANDFILL

City, State
MORRISVILLE PA

Disposal Date
6/30/19

Completed by
Mike Cooper

Title
President

Signature

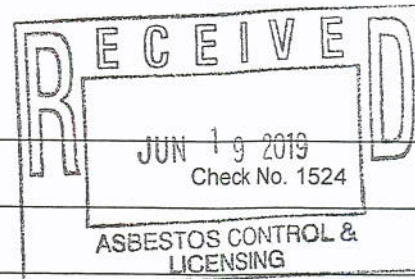
Date
6/10/19

RECEIVED
JUN 19 2019
Check No. 1525
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/10/2019		Pursuant to NJAC 8:60 and 12:120 Name of Building Owner/Operator (2) Bill Schlosser		Check No. 1525 JUN 19 2019 ASBESTOS CONTROL & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Morristown, New Jersey 07960 Name of Contact Bill Schlosser Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Private 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 2500								
City (5) Morristown, New Jersey 07960			# of Floors 2		Bldg. Age 50+						
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation							
Street Address		Street Address 246 Union Boulevard									
City, State, Zip Code		City, State, Zip Code Totowa, New Jersey 07512									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-225-8400							
Start Date (10) 06/21/2019		Scheduled Completion Date (11) 06/22/2019		License No. 01104							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Iris Environmental Laboratories, LLC									
		Street Address 2333 Route 22 West									
		City, State, Zip Code Union, NJ 07083									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF of LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	Pipe Fitting	145 LF	X				
Basement			X		Duct Insulation	100 SF	X				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 06/22/2019		City, State Morrisville, PA							
Completed by Adriana Olejarova		Title President		Signature [Signature]		Date 06/10/2019					

Inv #12075
OK 1524 PAID

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



Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Mount Laurel School District	
Agencies Notified	Type Notification	Street Address 330 Mount Laurel Road	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Mount Laurel, New Jersey 08054	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Harry Meeker	Telephone Number 856-231-5886

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Parkway Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 142 Ramblewood Parkway		Square Feet 15000	# of Floors 1
City (5) Mount Laurel, New Jersey 08054		Bldg. Age 50+	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address P.O. Box 385		Street Address 246 Union Boulevard	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 609-652-1833	License No. 01104
Start Date (10) 07/08/2019	Scheduled Completion Date (11) 07/19/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

- ☐ ≥3 sf or ≥3 lf ☒ Renovation
☒ ≥160 sf or ≥260 lf ☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 1B, 2B, 3B, Speech Room		X		Ceiling Plaster & Surfacing Residue	1,816 SF	X			
Room 3B		X		Pipe Fitting Insulation	3 LF	X			

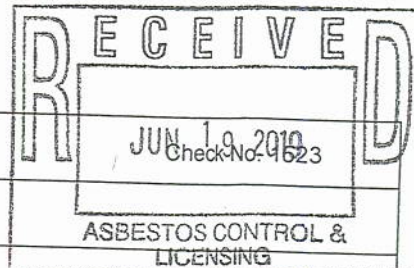
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 07/19/2019	City, State Morrisville, PA		
Completed by Adriana Olejarova	Title President	Signature 	Date 06/10/2019		

Inv #12077

OK 1523

PAID

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



Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Mount Laurel School District	
Agencies Notified	Type Notification	Street Address 330 Mount Laurel Road	
<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 Mount Laurel, New Jersey 08054	
		Name of Contact Harry Meeker	Telephone Number 856-231-5886
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hillside 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 1370 Hainesport Road		Square Feet 15000	# of Floors 1
City (5) Mount Laurel, New Jersey 08054		Bldg. Age 50+	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address P.O. Box 385		Street Address 246 Union Boulevard	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Barbara Lis		Telephone No. 609-652-1833	Telephone No. 973-225-8400
Start Date (10) 06/24/2019		Scheduled Completion Date (11) 07/07/2019	License No. 01104
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 Iris Environmental Laboratories, LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Room A-1, A2, A3		X	
			Ceiling Plaster & Surfacing Residue
			2112
			X
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20
City, State Totowa, New Jersey		Name of Registered Landfill Fairless Landfill	
Disposal Date 07/07/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President	Signature 	Date 06/10/2019

CK1522

INV #12078

PAID

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

RECEIVED

JUN 19 2019
Check No. 1522

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Plainfield Board of Education	
Agencies Notified	Type Notification	Street Address 920 Park Avenue	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 Plainfield, New Jersey 07060	
		Name of Contact Sean Sutton	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DeWitt D. Barlow 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 2 Farragut Road		Square Feet 10,000	# of Floors 1
City (5) Plainfield, New Jersey 07060		Bldg. Age 50+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 00127	Name of Abatement Contractor (9) Lilich Corporation
Street Address 1248 Wrights Lane		Street Address 246 Union Boulevard	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	License No. 01104
Start Date (10) 06/25/2019	Scheduled Completion Date (11) 06/30/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union, NJ 07083	

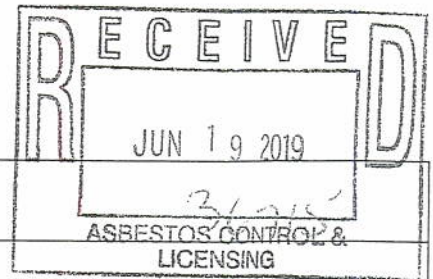
☐ ≥3 sf or ≥3 lf
 ☒ Renovation
 ☒ Full Containment with Negative Pressure
☒ ≥160 sf or ≥260 lf
 ☐ Demolition
 ☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym		X		Pipe/Pipe Fitting Insulation	100 LF	X			
Gym		X		Duct Work Insulation	120 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 06/30/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 06/10/2019	

Inv # 11761
OK 36715 PAID

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



Date of Notification (1) 06 / 11 / 19		Name of Building Owner/Operator (2) Jersey Shore Medical Center	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1945 Route 33	
		City, State, Zip Code Neptune, NJ 07753	
		Name of Contact Lisa Fritz	Telephone Number 732-776-4100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey Shore Medical Center		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 1945 Route 33		Square Feet 750,000 sf	# of Floors 7
City (5) Neptune		Bldg. Age 65	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code Matawan, NJ 07747		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm Tom Geiger		City, State, Zip Code Toms River, New Jersey 08755	
Telephone No. 732-290-2217		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 12 / 19	Scheduled Completion Date (11) 06 / 17 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Switchboard room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	75 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 06/17/19		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 6/11/19	

Inv# 12083 PAID

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

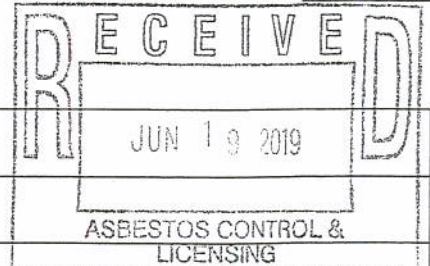
CIC 5123

Date of Notification (1) 6/13/19		Name of Building Owner/Operator (2) MR ALBAIR RAPHAEL		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & </div>			
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 [REDACTED]					
		City, State, Zip Code EMERSON . NJ . 07630					
		Name of Contact MR. RAPHAEL		Telephone Number [REDACTED]			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. ALBAIR RAPHAEL				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) EMERSON				Square Feet 1800	# of Floors 2		
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 1940		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address			Street Address 450 South River St				
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 7/1/19		Scheduled Completion Date (11) 7/2/19		Name of OSHA Monitor Omega Environmental			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM				Street Address 280 Huyler St			
				City, State, Zip Code S. Hackensack, N.J. 07606			
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
BASEMENT			VAT	30 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601			Disposal Date 7/2/19	City, State NEW BURG, PA. 17240			
Completed by J. Maiorano	Title Estimator		Signature <i>[Signature]</i>	Date 6/13/19			

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)



Date of Notification (1) 06/13/19		Check #3394		Name of Building Owner/Operator (2) St. Rose of Lima							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 52 Short Hills Ave City, State, Zip Code Short Hills, NJ, 07078 Name of Contact Cezar Telephone Number 973-223-2875							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) St. Rose of Lima <i>school</i>				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 52 Short Hills				Square Feet 10,000+ # of Floors 3 Bldg. Age 50+							
City (5) Short Hills		County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished) School		Name of Monitoring Firm Hired by Building Owner (8) N/A									
ASCN No. N/A		Name of Abatement Contractor (9) EA Services									
Street Address N/A		Street Address 426 69th st									
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022									
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700							
License No. 01074		Name of OSHA Monitor <i>Same as above</i>									
Start Date (10) 06/26/19		Scheduled Completion Date (11) 06/29/19		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>2pm</u>							
Street Address		City, State, Zip Code									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X		ACM Pipe Insulation		6 LF		X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH							
Completed by Michael Fajardo		Title Office Clerk		Signature <i>MF</i>		Date 06/13/19					

CK1521

INV# 12090
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

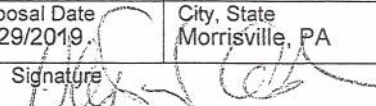
RECEIVED	
Check No. 1521	JUN 19 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Brick Board of Education	
Agencies Notified	Type Notification	Street Address 101 Hendrickson Avenue	
<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 Brick, New Jersey 08724	
		Name of Contact William Kolibas	Telephone Number 732-785-3000 x 2061

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Veterans Memorial 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 103 Hendrickson Avenue		Square Feet 10,000	# of Floors 1
City (5) Brick, New Jersey 08724		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard	
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Kevin T Lovely		Telephone No. 732-390-5858	License No. 01104
Start Date (10) 06/25/2019	Scheduled Completion Date (11) 07/05/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler # 1 and 2	X			Boiler Insulation and Gaskets	300 SF	X			
Boiler # 1 and 2	X			Firebrick and Mortar	450 SF	X			
Boiler # 1 and 2	X			Tank Insulation	200 LF	X			
Boiler # 1 and 2	X			Breech Insulation	450 SF	X			
Boiler # 1 and 2	X			Pipe Insulation including Elbows and Joints	200 LF	X			

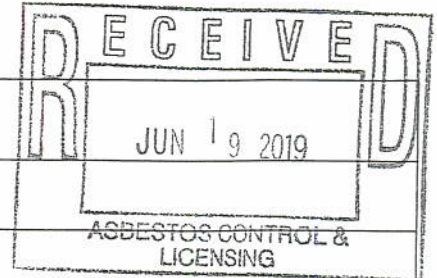
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 06/29/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 06/10/2019

Inv # 12091

19051

CK 18107 PAID

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



Date of Notification (1) 6 / 16 / 19		Name of Building Owner/Operator (2) The Hampshire Companies							
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 #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Marple Ave. City, State, Zip Code Morristown, NJ 07960 Name of Contact Kevin Seise Telephone Number 201-923-7155							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 30 Wesley St. Street Address 30 Wesley St. City (5) S. Hackensack, NJ 07606		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.) Square Feet 175,000 # of Floors 1 Bldg. Age 45+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way City, State, Zip Code Aston, PA 19014		Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Brown	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 7 / 1 / 19	Scheduled Completion Date (11) 7 / 31 / 19	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 - Describe Time of Abatement: 7AM- PM/3:30PM- AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	17,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	1200 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 Panels	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AMA Resource, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 90	Name of Registered Landfill Western Berks Community Landfill					
City, State Wilm., DE		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 6/16/19			

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

Inv #12092 **PAID**

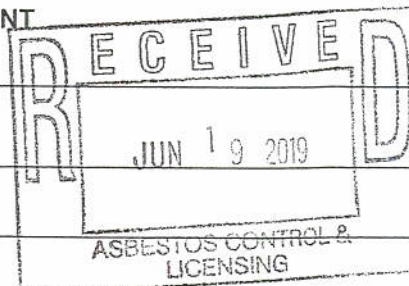
CHK #3590

Date of Notification (1) <div style="text-align: center;">6 / 17 / 19</div>		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & Licensing </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 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 Mullica Hill 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 9 Woodland Avenue									
City (5) Mullica Hill				Square Feet	# of Floors				
County (6) Gloucester				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office				
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		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 No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <div style="text-align: center;">7 / 1 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 10 / 19</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-3:30PM / ____ PM-____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input 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) 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
Upper & Lower Roofs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Mechanical Yard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	12 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro 19th</i>		Date 6-17-19			

ASB-41
MAY 11 *BS19051*

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

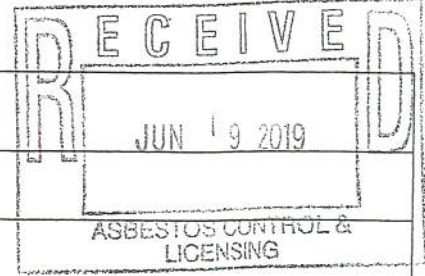
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 14 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-6/17/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street 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 Middletown 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 1009 State Route 35									
City (5) Middletown	Square Feet 12,425	# of Floors 2	Bldg. Age +50						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) Chubb Global Risk Advisors		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 10 Exchange Place		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 201-356-5166	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 6 / 11 / 19	Scheduled Completion Date (11) 7 / 12 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-1:30PM / PM - AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	88 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 6-17-19						

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

CR # 3587



Date of Notification (1) <u>5</u> / <u>14</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/7/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
		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 Middletown 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 1009 State Route 35			
City (5) Middletown		Square Feet 12,425	# of Floors 2
		Bldg. Age +50	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) Chubb Global Risk Advisors		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 10 Exchange Place		Street Address 1123 BEAVER STREET	
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 201-356-5166	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>6</u> / <u>11</u> / <u>19</u>	Scheduled Completion Date (11) <u>6</u> / <u>21</u> / <u>19</u>	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: <u>6:00AM-1:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

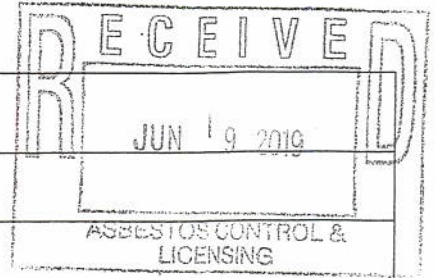
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	88 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillon DeCaro	Title Estimator	Signature <i>Dillon DeCaro</i>	Date 6/7/19		

0019015

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



Date of Notification (1) <u>5</u> / <u>14</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/22/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		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 Middletown 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 1009 State Route 35									
City (5) Middletown	Square Feet 12,425	# of Floors 2	Bldg. Age +50						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) Chubb Global Risk Advisors		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 10 Exchange Place		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-356-5166	License No. 00509						
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____	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: <u>6:00AM-1:00PM</u> / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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"/>	Roof Flashing	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	88 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro / jhl</i>				Date <u>5/22/19</u>		

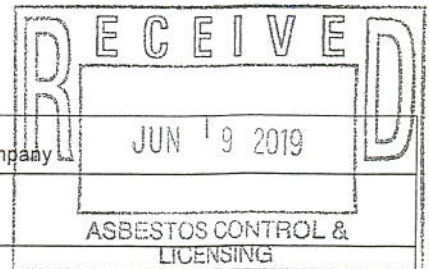
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 14 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6095 <input checked="" type="checkbox"/> DOH 6101 <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 Street							
		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 Middletown 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 1009 State Route 35		Square Feet 12,425	# of Floors 2						
City (5) Middletown		Bldg. Age +50							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) Chubb Global Risk Advisors		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 10 Exchange Place		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-356-5166	License No. 00509						
Start Date (10) 5 / 28 / 19	Scheduled Completion Date (11) 6 / 14 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-1:00PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	88 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 5-14-19						

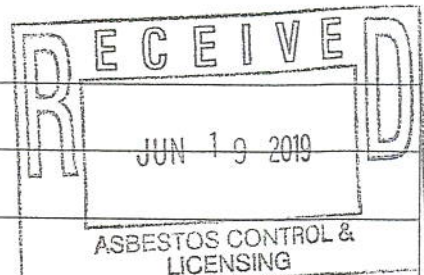
NOC

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



Date of Notification (1) 6-14-19		Name of Building Owner/Operator (2) Dupont Nemours Company and Chemours Company							
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	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South							
		City, State, Zip Code Deepwater, NJ 08023							
		Name of Contact Joe Murphy	Telephone Number 609-805-7767						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors						
City (5) Deepwater		Bldg. Age							
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental						
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.							
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720							
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	License Number 00578						
Scheduled Start Date (10) 1-2-19	Scheduled Completion Date (11) 9-30-19	Name of OSHA Monitor County Environmental (1922003)							
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road							
		City, State, Zip Code New Castle, DE 19720							
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 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
Thermal Systems		x		Thermal coverings throughout area	10,000LF	X			
Thermal Systems		x		Thermal coverings throughout area	3,000SF		X	X	
Floor Tile /Mastic		x		Floor tile and mastic throughout area	2,300SF	X			
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga				
City, State Woodstown, NJ				Disposal Date TBD	City, State Morgantown, PA				
Completed by Evelyn Walsh		Title Office Manager		Signature 			Date 6-14-19		

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



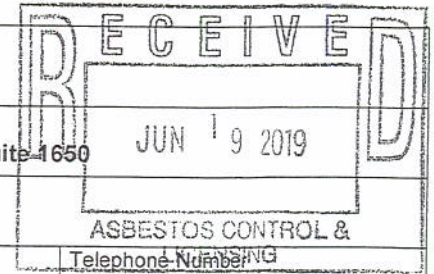
Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Gloucester Twsp. Public Schools							
Agencies Notified	Type Notification	Street Address 17 Erial Road	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <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						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Erial Elementary School		Type of Facility (4)							
Street Address 20 Essex Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Erial	County (6) Gloucester	County Code (7) (STATE USE ONLY) 08081	Square Feet # of Floors Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 515 Grove Street		Street Address 208 Piaget Ave							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Tom Leisse		Telephone No. 856-547-0505	Telephone No. 973-253-8828						
Start Date (10) 06/18/2019		Scheduled Completion Date (11) 06/28/2019	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Company Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Boiler Room		X		pipe fitting insulation	25 LF	<input checked="" type="checkbox"/>			
				breaching insulation	250 SF	<input checked="" type="checkbox"/>			
				boiler interior insulation (assumed)	200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>		Date 06/05/2019				

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

Inv # 2094

PAID

CK # 1071



Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) CorePoint Lodging							
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 125 East John Carpenter Freeway, Suite 1650 City, State, Zip Code Irving, Tx 75062 Name of Contact Jon Lundsten Telephone Number 817-846-6215							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) La Quinta		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 265 Route 3 East									
City (5) Clifton, NJ 07011		Square Feet 35,000	# of Floors 12 Bldg. Age 45						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 3 Terri Lane, Suite 4		Street Address 47 Foster Road							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Jim Nuccio		Telephone No. 609-386-8800	Telephone No. 718-605-6256 License No. 00774						
Start Date (10) 06 / 27 / 19	Scheduled Completion Date (11) 07 / 15 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/ ____PM-__AM		Street Address 10- 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 06/30/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 06-17-19		

PAID
B & G proj. #:

2019-46

CKA3010

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
RESUME on 06/13/2019 @ 2:30 pm

Inv # 12008

Check # 9366

Date of Notification (1) <u>06/12/19</u>		Name of Building Owner/Operator (2) Hudson County Community College		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 26 Journal Square, 14th Floor		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306		
		Name of Contact Ilya Ashmyan		
				Telephone Number (201)360-4099

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hudson County Community College (NON Sub-chapter 8)			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 81 Sip Avenue			Square Feet		
City (5) Jersey City, NJ 07306	County (6) Hudson	County Code (7) (State use only)	# of Floors		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number (609)652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/13/2019 *RESUME*		Sched. Completion Date (11) 11/04/2019	Name of OSHA Monitor B & G Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: <u>start 2:30 pm (occupied)</u>			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

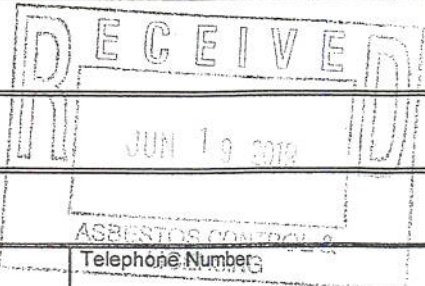
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
* ground floor			<input checked="" type="checkbox"/>	pipe (wrap & cut)	200 lf	<input checked="" type="checkbox"/>			
roof			<input checked="" type="checkbox"/>	built up roofing & flashing	8,381 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 100 cy	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/14/19 - 11/04/19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/12/2019

B & G proj. #: 2019-46

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

Check # 9166

Date of Notification (1) 10/3/15/11/9		Name of Building Owner/Operator (2) Hudson County Community College		
Agencies Notified	Type Notification	Street Address 26 Journal Square, 14th Floor		
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Jersey City, NJ 07306		
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact Ilya Ashmyan		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (201)360-4099		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hudson County Community College (NON Sub-chapter 8)			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 81 Sip Avenue			Square Feet	# of Floors
City (5) Jersey City, NJ 07306	County (6) Hudson	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address P.O. Box 385		Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number (609)652-1833	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 03/14/2019 *ON HOLD*	Sched. Completion Date (11) 06/30/2019		Name of OSHA Monitor B & G Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: start 8:00 am (occupied)			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

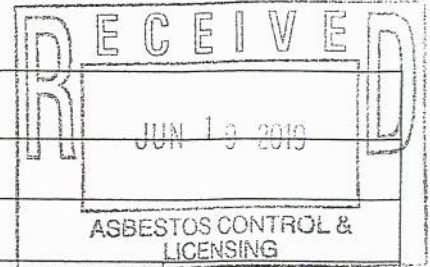
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement entrance			<input checked="" type="checkbox"/>	pipe (wrap & cut)	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof			<input checked="" type="checkbox"/>	built up roofing & flashing	8,381 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 100 cy	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/14/19 - 06/30/19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/15/2019

Inv# 11722
 OK 2493 PAID

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

Check 2493



Date of Notification (1) 06/07/19		Name of Building Owner / Operator (2) Jim Dunmeyer	
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	Street Address [REDACTED]	
	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hamilton, NJ	
		Name of Contact Jim Dunmeyer	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1500		
City (5) Hamilton			# of Floors 2		Bldg. Age 50+
County (6) Mercer	County Code (7)		Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) Alpha Environmental LLC		
Street Address			Street Address P O Box 8297		
City, State & Zip Code			City, State & Zip Code Trenton, NJ 08650		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 06/10/2019		Scheduled Completion Date (11) 06/10/2019		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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

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

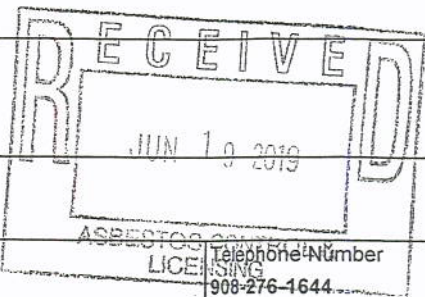
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Den	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	140sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various	City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 06/07/2019

Inv# 12010
CK2015 PAID

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

Inv# 12010 Check # 2015

Date of Notification (1) June 13, 2019		Name of Building Owner / Operator (2) Kenilworth Board of Education	
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	426 Boulevard	
		City, State & Zip Code Kenilworth, NJ 07033	
		Name of Contact	Telephone Number 908-276-1644

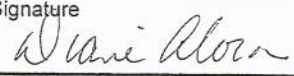
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) David Brearley High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 401 Monroe Avenue		Square Feet	# of Floors 2
City (5) Kenilworth		Bldg. Age 53	
County (6) Union		County Code (7) USE ONLY _____	
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No.	
Street Address 611 Industrial Way West		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Eatontown, NJ 07724		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Michelle Gomez		Telephone Number 732-380-1700	City, State & Zip Code Little Egg Harbor, NJ 08087
Scheduled Start Date (10) June 24, 2019	Scheduled Completion Date (11) July 29, 2019	Telephone Number 609-296-6916	License Number 00817
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		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 > 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input 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
Corridor			X	Floor Tile and Mastic	4,800 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 14	Name of Registered Landfill Fairless Hills Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 30, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature 	Date June 13, 2019

CK 1529

PAID

Inv# 11840

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:26 and 12:120)

RECEIVED	
JUN 19 2019	
DOL - 10-DAY 1529	
ASBESTOS CONTROL & LICENSING	
TV	
Telephone Number 609.633.3475	
APPROVED	

Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) Lower Cape May Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 687 Route 9		City, State, Zip Code Cape May, New Jersey 08204	
Name of Contact Roy Olson		Telephone Number 609.633.3475	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Teitelman Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 687 Route 9		Square Feet 15000	
City (5) Cape May, New Jersey 08204		# of Floors 1	
County (6) Cape May		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	
Name of Abatement Contractor (9) Lilich Corporation		Street Address 246 Union Boulevard	
Street Address P.O. Box 385		City, State, Zip Code Totowa, New Jersey 07512	
City, State, Zip Code Oceanville, New Jersey 08231		Telephone No. 973-226-8400	
Project Manager for Monitoring Firm John Smoyer		License No. 01104	
Telephone No. 609-652-1833		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Start Date (10) 06/17/2019		Scheduled Completion Date (11) 08/24/2019	
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 2333 Route 22 West	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2150 sf or 2250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083	
Location of Asbestos-Containing Material (ACM) (13) In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type		Removal Repair Encapsulate Enclosure	
Main Level Boys Restroom		Ceramic Wall Tile Mortar & Grout 78 SF X	
Main Level Boys Restroom		Ceramic Floor Tile Mortar & Grout 221 SF X	
Main Level Girls Restroom		Ceramic Wall Tile Mortar & Grout 75 SF X	
Main Level Girls Restroom		Ceramic Floor Tile Mortar & Grout 245 SF X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	
City, State Totowa, New Jersey		Cubic Yards of Waste 20	
Disposal Date 06/24/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA		Signature 	
Completed by Adriana Otejarova		Title President	
Date 06/13/2019			

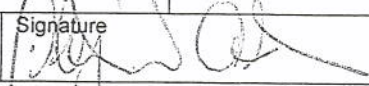
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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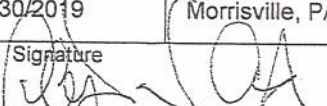
Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) NB Hotel Group Manager LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address 1950 Street Road, Suite 204			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bensalem PA 19020 Name of Contact Pinank Patel			
		Telephone Number 215-622-4570			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4)		
Street Address 19 Route NJ 18			<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) New Brunswick, New Jersey 08901			Square Feet 30,000	# of Floors 1	Bldg. Age 50+
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hotel		
Name of Monitoring Firm Hired by Building Owner (8) Taylor Geo Services		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 38 Bishop Hollow Road, Suite 200			Street Address 246 Union Boulevard		
City, State, Zip Code Newton Square, PA 19073			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Andy Sokol		Telephone No 610-325-5570	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 06/15/2019		Scheduled Completion Date (11) 06/30/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 / Limited Containment Tent <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing Material	6000 SF				

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 06/30/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 06/13/2019

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

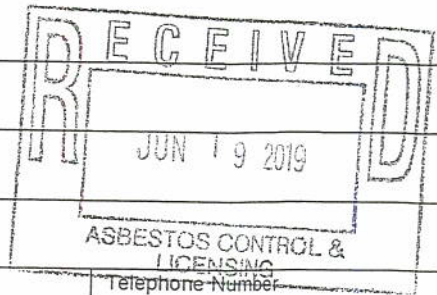
Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) NB Hotel Group Manager LLC		Check# 1515	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1950 Street Road, Suite 204 City, State, Zip Code Bensalem PA 19020 Name of Contact Pinank Patel Telephone Number 215-622-4570	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private 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 19 Route NJ 18			Square Feet 30,000		# of Floors 1
City (5) New Brunswick, New Jersey 08901			Bldg. Age 50+		
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hotel	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address			Street Address 246 Union Boulevard		
City, State, Zip Code			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-225-8400	
Start Date (10) 06/15/2019		Scheduled Completion Date (11) 06/30/2019		License No. 01104	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Name of OSHA Monitor Iris Environmental Laboratories, LLC Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment Tent <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)
	Yes	No	N/A		
Roof			X	Roofing Material	6000 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 80	
City, State Totowa, New Jersey		Disposal Date 06/30/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 	
				Date 06/05/2019	

Inv# 12013

CK151

PAID

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



Date of Notification (1) 06-11-2019		Name of Building Owner/Operator (2) Zeke Bergida							
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 Clifton NJ 07014							
		Name of Contact Zeke Bergida							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) Clifton NJ 07014		Square Feet N/A	# of Floors N/A						
County (6) Passaic		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Stanadard Environmental		ASCM No. _____							
Street Address 2108 Fulton St Suite 2A		Name of Abatement Contractor (9) Amax Contracting LLC							
City, State, Zip Code Brooklyn NY 11233		Street Address PO BOX 734							
Project Manager for Monitoring Firm Kayode Adefisoye		City, State, Zip Code Woodland Park NJ 07424							
Telephone No. 347-241-7678		Telephone No. 973-692-6298	License No. 01266						
Start Date (10) 06-20-21-019	Scheduled Completion Date (11) 06-25-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734							
<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 Woodland Park NJ 07424							
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) <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 Insulation	100 LF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 3 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424		Disposal Date 06-30-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature [Signature]		Date 06-11-2019			

CK 16644 PAID

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

Inv# 12014

Date of Notification (1)

6/12/2019

Name of Building Owner/Operator (2)

Anika Grant

Street Address

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

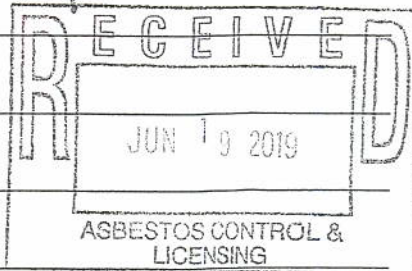
Anika Grant

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Anika Grant

Type of Facility (4)

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

Street Address

City

South Orange

County

Essex

County Code (7)

(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

06 21 19

Month Day Year

Sched. Completion Date (11)

06 23 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period
of Abatement☐ Abatement Performed Outside of Normal Facility
Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Main- tenance/ 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	65 LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

06/24/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

6/12/2019

21 Riggs Place

PAID

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

Date of Notification (1)

6/12/2019

Name of Building Owner/Operator (2)

Miguel Hernandez

Street Address

City, State, Zip Code

Paterson, NJ, 07501

Name of Contact

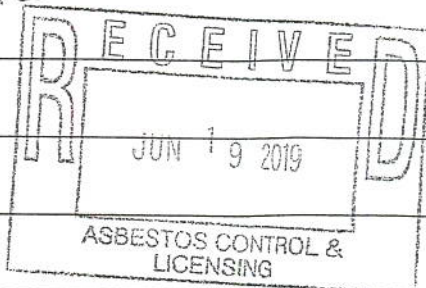
Miguel Hernandez

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Miguel Hernandez

Type of Facility (4)

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

Street Address

City

Paterson

County

Passaic

County Code (7)
(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

07 16 19

Month Day Year

Sched. Completion Date (11)

07 18 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period
of Abatement☐ Abatement Performed Outside of Normal Facility
Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

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-Friable ProcedureLocation of
Asbestos-Containing
Material (ACM)
TO BE ABATED
In Facility
(13)Is
Location
Normally
Used
Solely
By Main-
tenance/
Custodial
Staff (12)

Yes No N/A

Description of
Asbestos-Containing
Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous)Amount
(Specify
SF or
LF)

Abatement Type

R	E	E	N	E
M	M	N	N	
O	P	C	C	
V	A	A	L	
A	I	S	S	
L	R	U	U	
		L	R	

Basement

X

Pipe Insulation

120 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

07/19/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

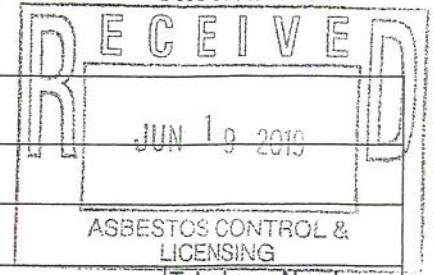
6/12/2019

30 19th Ave

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

Check #2496

Inv# 12017 **PAID**



Date of Notification (1) 6/10/2019		Name of Building Owner / Operator (2) Manjeed Sandhu	
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 [Redacted] City, State & Zip Code Robbinsville, NJ Name of Contact Manjeed Sandhu	
		Telephone Number [Redacted]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Diner			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 1380 US St 130			Square Feet 7500		
City (5) Robbinsville			County (6) Mercer		County Code (7)
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Alpha Environmental, LLC		
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) 6/20/2019		Scheduled Completion Date (11) 6/30/2019		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

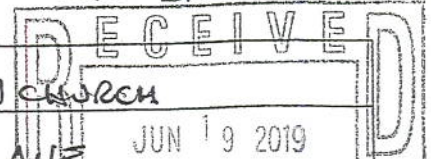
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing/Flashing Window Caulk	5500sf 11 Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 60	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date various	City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>
		Date 6/10/2019	

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

INV# 1203 PAID

CIC S120



Date of Notification (1) 6/11/19		Name of Building Owner/Operator (2) GOOD SHEPHERD LUTHERAN CHURCH	
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 233 S. HIGHWOOD AVE City, State, Zip Code GLEN ROCK, NJ. 07452 Name of Contact M. E. SEIFERT	Telephone Number 201 345-5063
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GOOD SHEPHERD LUTHERAN CHURCH		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 233 S. HIGHWOOD AVE		Square Feet 21000	# of Floors 2
City (5) GLEN ROCK		Bldg. Age 51 YRS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 6/24/19		Scheduled Completion Date (11) 6/25/19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT KITCHEN		Amount (Specify SF or LF) 115 LF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 CY
City, State Hackensack, N.J. 07601		Disposal Date 6/25/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano
Date 6/11/19			

CK 33626 PAID

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

Inv # 12024

33626

Date of Notification (1)

6 / 10 19

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

JUN 10 2019

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 53

Square Feet

123,400

of Floors

2

Bldg. Age

46

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 12 /19
Month Day Year

Sched. Completion Date (11)

8 / 30 /19
Month Day Year

Name of OSHA Monitor

AMERISCI

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

- ☐ Full Containment with Negative Pressure
☐ Mini Encl.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF-NORTHEAST CORNER			X	BUILT UP ROOFING	100 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

NJDEP Waste Hauler ID No.

15939

Cubic Yards of Waste

10

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

5/9-8/30/2019

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

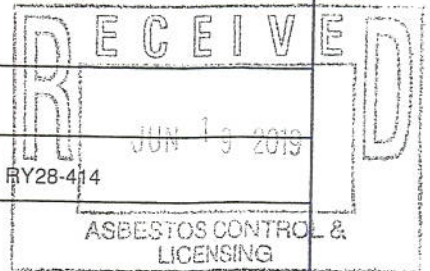
Signature

[Signature]

Date

6/10/19

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



Date of Notification (1) 5 / 8 19			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number 732-594-7746		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 53				Square Feet 123,400	# of Floors 2
City (5) RAHWAY				County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASC No. 104	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 5 / 9 /19		Sched. Completion Date (11) 8 / 30 /19		Name of OSHA Monitor AMERISCI	
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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo, <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

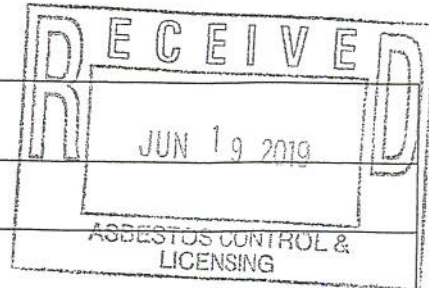
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF -NORTHEAST CORNER			X	BUILT UP ROOFING	100 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/9-8/30/2019		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 5/8/19

3461
RECEIVED
JUN 19 2019
0, RY28-414
ASBESTOS CONTROL &
LICENSING
Phone Number

Date of Notification (1) 4 / 29 19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact PATRICIA JOHNSON	
		Telephone Number 732-594-7746	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 53		Square Feet 123,400	# of Floors 2
City (5) RAHWAY		County (6) UNION	Bldg. Age 46
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 5 / 9 /19		Sched. Completion Date (11) 8 / 30 /19	License Number 1101
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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
ROOF -NORTHEAST CORNER		BUILT UP ROOFING	100 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/9-8/30/2019	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature [Signature] Date 6/29/19

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



Date of Notification (1) 5 / 24 / 19		Name of Building Owner/Operator (2) Rancocas Valley Regional HS District							
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 checked="" type="checkbox"/> Amended Amendment # 1-6/11/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Jacksonville Road							
		City, State, Zip Code Mount Holly, NJ 08060							
		Name of Contact Mrs Lisa Giovanelli	Telephone Number 609-267-0830						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 520 Jacksonville Road									
City (5) Mt. Holly		Square Feet 80000	# of Floors 2						
		Bldg. Age 85							
County (6) Burlington	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Group		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address PO Box 316		Street Address 1123 BEAVER STREET							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Flanagan		Telephone No. 856-848-0800	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 6 / 24 / 19	Scheduled Completion Date (11) 7 / 12 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM - AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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
Conference Room, Work Room, Reception, Principals Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	3,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Corridor and Existing Entry Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	1,500 SF	<input checked="" 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 65 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State Yardley, PA		Disposal Date 7/12/19		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 6/11/19			

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

chk #3574

RECEIVED	
JUN 19 2019	
ASBESTOS CONTROL & REMEDIATION	
Telephone Number	609-267-0830

Date of Notification (1) 5 / 24 / 19		Name of Building Owner/Operator (2) Rancocas Valley Regional HS District	
Agencies Notified <input checked="" type="checkbox"/> EPA 6125 <input checked="" type="checkbox"/> DOLWD 6255 <input checked="" type="checkbox"/> DHSS 6118 <input checked="" type="checkbox"/> DCAB 6132 (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 520 Jacksonville Road City, State, Zip Code Mount Holly, NJ 08060 Name of Contact Mrs Lisa Giovanelli	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 520 Jacksonville Road		Square Feet 80000	
City (5) Mt. Holly		# of Floors 2	Bldg. Age 85
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Group		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address PO Box 316		Street Address 1123 BEAVER STREET		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Dave Flanagan		Telephone No. 856-848-0800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 24 / 19	Scheduled Completion Date (11) 7 / 12 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
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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 checked="" type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
Conference Room, Work Room, Reception, Principals Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	3,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Corridor and Existing Entry Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

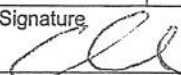
Name of Registered Waste Hauler Service Transport Group Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 65 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 7/12/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 5-24-19		

ASB-41
MAY 11 GI19067

* 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)

INV #12025

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) Paul Rossback Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2019 L & L LICENSING </div>					
Agencies Notified		Type Notification						Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						City, State, Zip Code Manahawkin NJ 08050	
								Name of Contact Paul	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paul Rossback Private Home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Manahawkin NJ 08050				Square Feet 100		# of Floors 1			
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.			
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800		License No. 00727			
Start Date (10) 6/21/19		Scheduled Completion Date (11) 6/30/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding on Small Shed			x	exterior siding	200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 7/1/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/12/19			

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

Inv # 12028

CR S119


Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) MR. BIU YAMASHITA		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 CONTROL & </div>				
Agency 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 LANDING . NJ . 07850						
		Name of Contact MR YAMASHITA		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. YAMASHITA				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) LANDING				Square Feet 2200	# of Floors 2			
County (6) MORRIS				County Code (7) (STATE USE ONLY)	Bldg. Age 1950			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)					
Street Address			Best Removal Inc					
City, State, Zip Code			Street Address					
Project Manager for Monitoring Firm		Telephone No.	450 South River St					
Start Date (10) 6/20/19		Scheduled Completion Date (11) 6/21/19	City, State, Zip Code					
Occupancy Status During Abatement (Check only one)		Telephone No. 201-329-7444						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		License No. 00388						
Scope of Work (Check all that apply)		Name of OSHA Monitor Omega Environmental						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		280 Huyler St						
		City, State, Zip Code						
		S. Hackensack , N.J. 07606						
<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
LOWER LEVEL			<input checked="" type="checkbox"/>	VAT	400 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack , N.J. 07601		Disposal Date 6/21/19	City, State NEW BURG, PA . 17240					
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 6/10/19					

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

Inv# 11674

PAID

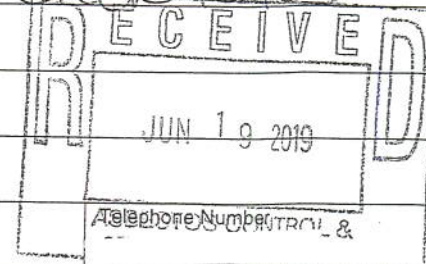
Check 18934

Date of Notification (1) 6/7/19		Name of Building Owner/Operator (2) Paul Davis Restoration							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1 Frassetto Way, Suite K		City, State, Zip Code Lincoln Park, NJ 07035							
Name of Contact Travis Gregory		Telephone Number 973-832-4546							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000							
City (5) Upper Montclair		# of Floors 2							
County (6) Essex		Bldg. Age 73							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 6/19/19		License No. 703							
Scheduled Completion Date (11) 6/29/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: kitchen & basement staircase		Street Address							
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		City, State, Zip Code							
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
kitchen			x	ceiling plaster	144 SF	x			
kitchen			x	wall plaster	349 SF	x			
basement			x	ceiling plaster	60 SF	x			
basement			x	wall plaster	120 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/7/19			

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

Inv # 12035 PAID

Check 18933



Date of Notification (1) 6/7/19		Name of Building Owner/Operator (2) Ryan Gilfillan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, NJ							
		Name of Contact Ryan Gilfillan	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) store		Type of Facility (4)							
Street Address 158 West Clinton Street		<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) Dover		Square Feet 2200	# of Floors 2						
County (6) Morris		Bldg. Age 78							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) store							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/18/19	Scheduled Completion Date (11) 6/29/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement & warehouse		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	30 LF	X			
ground floor warehouse			X	pipe insulation	160 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/7/19			

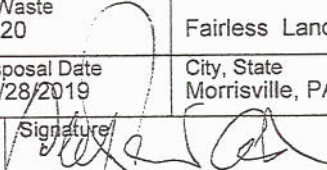
CH 1534

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

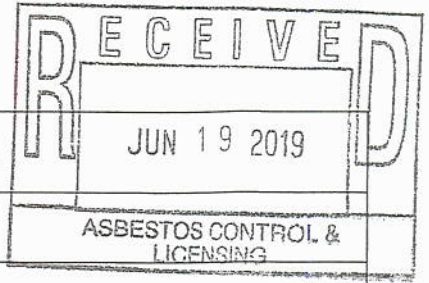
Date of Notification (1) 06/14/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check No 1534 JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified		Type Notification				Street Address 17 Erial Road		
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Blackwood, New Jersey 08012		
				Name of Contact John Bilodeau		Telephone Number 856-227-1400		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School				Type of Facility (4)				
Street Address 260 Blenheim Erial Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Blackwood, New Jersey 08012				Square Feet 20,000		# of Floors 1		
County (6) Gloucester				County Code (7) (STATE USE ONLY)		Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni				ASCM No. 00057		Current Use (Prior if being demolished) Elementary School		
Street Address 515 Grove Street, Suite 1B				Name of Abatement Contractor (9) Lilich Corporation				
City, State, Zip Code Haddon Heights, New Jersey 08035				Street Address 246 Union Boulevard				
Project Manager for Monitoring Firm Thomas Leisse				Telephone No 856-547-0505		City, State, Zip Code Totowa, New Jersey 07512		
Start Date (10) 06/19/2019		Scheduled Completion Date (11) 07/02/2019		Telephone No. 973-225-8400		License No. 01104		
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Iris Environmental Laboratories, LLC				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 2333 Route 22 West				
Scope of Work (Check All That Apply)				City, State, Zip Code Union, NJ 07083				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X		
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X		
Boiler Room	X			Breeching	100 SF	X		
Boiler Room	X			Flue patching on brick chimney	4 SF	X		
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Landfill		
City, State Totowa, New Jersey		Disposal Date 07/02/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/14/2019		

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

RECEIVED	Check No 1512 JUN 19 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools							
Agencies Notified	Type Notification	Street Address 17 Erial Road							
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Blackwood, New Jersey 08012							
		Name of Contact John Bilodeau	Telephone Number 856-227-1400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blackwood 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 260 Blenheim Erial Road		Square Feet 20,000	# of Floors 1						
City (5) Blackwood, New Jersey 08012		Bldg. Age 50+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00102	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 515 Grove Street, Suite 1B		Street Address 246 Union Boulevard							
City, State, Zip Code Haddon Heights, New Jersey 08035		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Thomas Leisse		Telephone No. 856-547-0505	License No. 01104						
Start Date (10) 06/18/2019	Scheduled Completion Date (11) 06/28/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 06/28/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 				Date 06/05/2019	

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

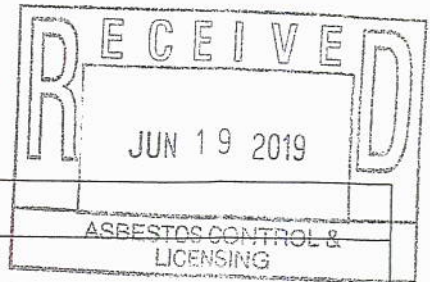


Date of Notification (1) <u>06</u> / <u>14</u> / <u>19</u>		Name of Building Owner/Operator (2) Washington Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 206 E. Holly Avenue							
		City, State, Zip Code Sewell, NJ 08080							
		Name of Contact Dennis Straga - Straga Brothers	Telephone Number 856-881-7960						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 529 Hurffville-Crosskeys Road									
City (5) Sewell		Square Feet 80,000	# of Floors 2						
County (6) Gloucester		County Code (7)(STATE USE ONLY)	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1930 Brown Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	License No. 00842						
Start Date (10) <u>06</u> / <u>24</u> / <u>19</u>	Scheduled Completion Date (11) <u>07</u> / <u>01</u> / <u>19</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 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Rooms E6 and E8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room E6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fume Hood	30 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/01/2019		City, State Morrisville, PA					
Completed By (Print or Type) Margie Muller		Title Administrative Manager		Signature 			Date 6-14-19		

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



Date of Notification (1) 6-14-2019		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 1 College Drive		
	City, State & Zip Code Toms River, NJ 08754		
	Name of Contact Mike Bruno		Telephone Number 732-255-0400

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 College Drive		Square Feet 52,000	# of Floors 1
City (5) Toms River NJ		County (6) Ocean	Bldg. Age 45
County Code (7)		Current Use (Prior if being demolished) Security Building	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185
Scheduled Start Date (10) 7-1-2019	Scheduled Completion Date (11) 7-14-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during regular operating Hours: Describe: 7:30am - 6:30pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

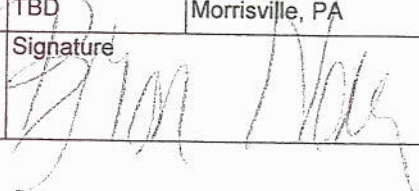
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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	Encapsulat	Enclosure
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	25 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

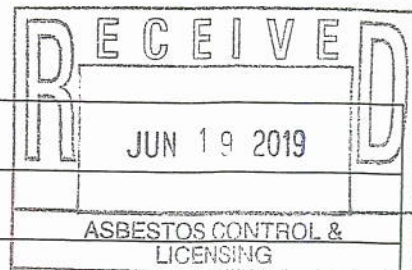
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 6-14-2019

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

RECEIVED
JUN 19 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6-14-2019		Name of Building Owner / Operator (2) Ocean County College							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1 College Drive City, State & Zip Code Toms River, NJ 08754 Name of Contact Mike Bruno Telephone Number 732-255-0400							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 College Drive		Square Feet 52,000	# of Floors 1						
City (5) Toms River NJ	County (6) Ocean	Bldg. Age 45							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		Name of Abatement Contractor (9) Resource Management Group, LLC							
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185						
Scheduled Start Date (10) 7-1-2019	Scheduled Completion Date (11) 7-14-2019	Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during regular operating Hours: Describe: 7:30am - 6:30pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <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	Encapsulat	Enclosure
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	35 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 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"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 				Date 6-14-2019		

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



NO 26077578030

Date of Notification (1) 06/17/2019		Name of Building Owner/Operator (2) Theresa Jozak	
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 Rutherford NJ	
		Name of Contact Theresa Jozak	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) Rutherford				Square Feet	# of Floors 1
County (6) Bergen				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) L.E.M. Construction	
Street Address				Street Address 440 Lincoln Ave.	
City, State, Zip Code				City, State, Zip Code Cliffside Park NJ 07010	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-500-9896	License No. 02004
Start Date (10) 6-27-19		Scheduled Completion Date (11) 7-1-19		Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	145 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State Newark		Disposal Date TBD		City, State PA	
Completed by Edwin Montoya		Title Owner	Signature 	Date 06/17/2019	

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

110-12042

PAID

CK 8007

RECEIVED
JUN 19 2019
ASBESTOS CONTROL & LICENSING
Telephone Number 973-277-6965

Date of Notification 6/12/19 Type Notification		Name of Building Owner / Operator (2) Jefferson Sebastian Parsippany LP	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification	Street Address 1401 Broad Street	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Clifton, NJ 07013	
	Amended Notification	Name of Contact Neil Doornheim	
	Cancellation	Telephone Number 973-277-6965	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 757 Route 15			Square Feet 43000	# of Floors 1.5	Bldg. Age 60+
City (5) Jefferson	County (6) Morris	County Code (7) 07849	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/22/19	Scheduled Completion Date (11) 7/5/19		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

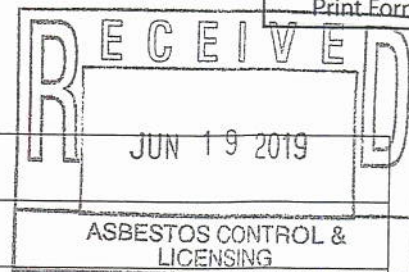
Scope of Work (Check all that apply)	
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM	<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Other: Non-friable

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Roof	N/A	Flashing	1,100 SF	Removal
Roof	N/A	ME flashing	200 SF	Removal

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 60	Name of Registered Landfill Fairless Landfill
City, State Trenton, NJ		Disposal Date 7/5/19	City, State Morrisville, Pa	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 6/12/19

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1) 6/13/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 500 NORTH BROAD STREET							
<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 ELIZABETH, NJ 07208							
		Name of Contact LUIS COUTO	Telephone Number 908-436-5180						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CHRISTOPHER COLUMBUS SCHOOL #15		Type of Facility (4)							
Street Address 511 3RD AVENUE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ELIZABETH		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-956-8700						
Start Date (10) 6/24/2019		Scheduled Completion Date (11) 8/24/2019	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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, 1ST FL, 2ND FL		X		PLASTER	440 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 8/24/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 6/13/2019			

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

1111-12039

CK 5130

Date of Notification (1) 6/14/19		Name of Building Owner/Operator (2) MR. MATTHEW DIRADO		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">JUN 19 2019</div>	
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 [REDACTED]			
		City, State, Zip Code UNION, NJ, 07083			
		Name of Contact MR. DIRADO		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. MATTHEW DIRADO				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) UNION				Square Feet 1800	# of Floors 2
County (6) UNION				County Code (7) (STATE USE ONLY)	Bldg. Age 1940
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 South River St	
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 7/1/19		Scheduled Completion Date (11) 7/3/19		Name of OSHA Monitor Omega Environmental	
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: 7:30AM TO 5:00PM				Street Address 280 Huyler St	
				City, State, Zip Code S. Hackensack, N.J. 07606	
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)
	Yes	No	N/A		
BASEMENT			<input checked="" type="checkbox"/>	VAT	1100 #
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 407	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601		Disposal Date 7/3/19		City, State NEW BURG, PA. 17240	
Completed by J. Maiorano	Title Estimator			Signature <i>[Signature]</i>	Date 6/14/19

ASB-41

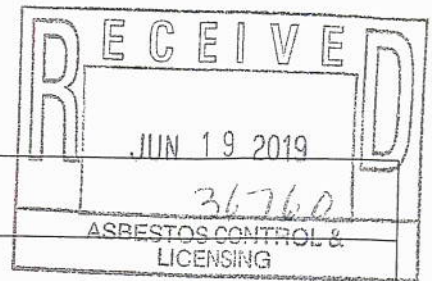
* Do not use this form for asbestos licensure/exempted activities.

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JUN 19 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) JUNE 17, 2019		Name of Building Owner/Operator (2) BRIAN MATANO		JUN 19 2019							
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address _____ City, State, Zip Code UNION, NJ 07083 Name of Contact GUY ABRAHAMSON Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) BRIAN MATANO			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 _____			Square Feet 4,345 SF								
City (5) RIDGEWOOD			# of Floors 2		Bldg. Age 1930						
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.							
Street Address _____		Street Address 17 THOMPSON STREET									
City, State, Zip Code _____		City, State, Zip Code WEST LONG BRANCH, NJ 07764									
Project Manager for Monitoring Firm N/A		Telephone No. _____		Telephone No. 732.222.8372 License No. 00040							
Start Date (10) 6/26/19		Scheduled Completion Date (11) 6/30/19		Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address _____							
				City, State, Zip Code _____							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			
								Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT		815SF		X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 5CY		Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764				Disposal Date 6/30/19		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER				Title PRESIDENT		Signature <i>Joseph P. Miller</i>				Date 6/17/19	

CK30760
INV-12036

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



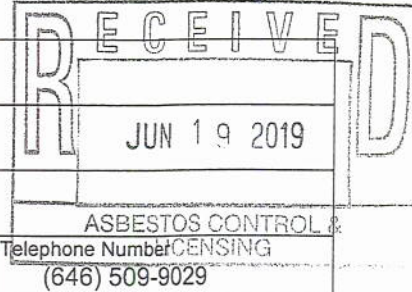
Date of Notification (1) 06 / 14 / 19		Name of Building Owner/Operator (2) Schweitzer-Mauduit Int'l Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 Main Street City, State, Zip Code Spotswood, NJ 08884							
		Name of Contact Hal Bernstein	Telephone Number 732-723-6241						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Schweitzer-Mauduit-Power House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 85 Main Street									
City (5) Spotswood		Square Feet 20,000 sf	# of Floors 2						
County (6) Middlesex		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power House							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 27 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	20 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 06/28/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 6/14/19		

chk#3591

* Do not use this form for asbestos licensure exempted activities

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

Check # 25901

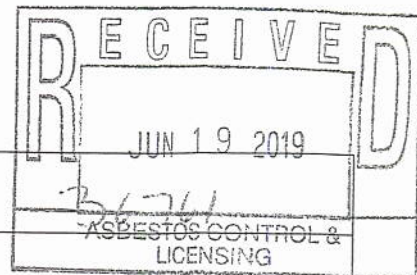


Date of Notification (1) 6/18/2019 <i>INV-12033</i>		Name of Building Owner/Operator (2) Rice Group, LLC							
Agencies Notified	Type Notification	Street Address PO Box 78							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Closter, NJ 07624							
		Name of Contact Doron Rice	Telephone Number (646) 509-9029						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Hamilton, NJ 08610		Square Feet 1500	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 6/27/2019	Scheduled Completion Date (11) 7/5/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Thermal Pipe Insulation	80 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 7/5/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 6/18/2019					

Ch 37676

INV-12020

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



Date of Notification (1) 06 / 14 / 19		Name of Building Owner/Operator (2) Anthony Dellecave	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Staten Island, NY 10312	
		Name of Contact Anthony Dellecave	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Seaside Park	Square Feet 800	# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 28 / 19	Scheduled Completion Date (11) 07 / 05 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

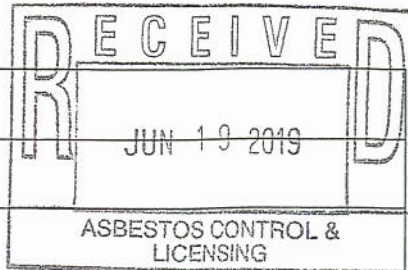
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 07/05/19	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]	Date 6/14/19

CH 15217

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) DAVID STANTON							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 ELIZABETH, NJ 07208 Name of Contact DAVID STANTON							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DAVID STANTON PROPERTY		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) SOMERVILLE	Square Feet 1,464 SF	# of Floors 2	Bldg. Age 1920						
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.							
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A	Telephone No.	Telephone No. 732.222.8372	License No. 00040						
Start Date (10) JUNE 24, 2019	Scheduled Completion Date (11) JUNE 30, 2019	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC			X	VAT	624 SF	X			
BASEMENT			X	AC CEILING PANELS	624 SF	X			
BASEMENT			X	TSI	120 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ			Disposal Date 7/1/19	City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature	Date 6/11/19					

CH5117

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

RECEIVED	
CK 5117	
JUN 19 2019	

Date of Notification (1) 6/10/19 INV-12015		Name of Building Owner/Operator (2) MS. DAVIS				
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 [REDACTED]	ASBESTOS CONTROL & LICENSING			
		City, State, Zip Code ENGLEWOOD, NJ 07631				
		Name of Contact MS. DAVIS	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. DAVIS		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 1800	# of Floors 2			
City (5) ENGLEWOOD		Bldg. Age 1940				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 6/20/19	Scheduled Completion Date (11) 6/22/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 75 LF	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		✓ THERMAL SYSTEM INSULATION		✓		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2-7	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 6/24/19	City, State NEW BURG, PA. 17240			
Completed by J. Maiorano	Title Estimator	Signature [Signature]	Date 6/19/19			

Date of Notification (1) 6/7/2019		Check # 3393		Name of Building Owner/Operator (2) St Rose of Lima Church	
Agencies Notified		Type Notification		Street Address 50 Short Hills Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Short Hills, NJ 07078-2529	
				Name of Contact Joan Schultz	
				Telephone Number 973-379-3912	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church				Type of Facility (4)	
Street Address 50 Short Hills Avenue				<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) Short Hills				Square Feet 10,000	# of Floors 1
County (6) Essex				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm			Telephone No.		License No.
			201-295-1700		01074
Start Date (10) 6/7/2019		Scheduled Completion Date (11) 6/16/19		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address same as above	
<input checked="" 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: Starting 4:00 PM				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	N/A		
Basement		x		Floor tie and mastic	3,850 SF
Basement		x		Pipe Insulation	260 LF
Name of Registered Waste Hauler Tri-State Transfer Assoc			NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc
City, State Bronx, NY			Disposal Date TBD		City, State Waynesburg, OH
Completed by Gina Betances			Title Office Manager	Signature <i>Gina Betances</i>	Date 6/7/19

no ck

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27, Section 12:120)

RECEIVED	
JUN 19 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/30/19		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#2-6/11/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Walter Eddy		Telephone Number 609-896-7780	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – Fine Arts			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 30,000		
City (5) Lawrenceville			# of Floors 3		
County (6) Mercer			Bldg. Age 40+		
County Code (7)			Current Use (Prior if being demolished) Dormitory		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates			ASCM No.		
Street Address 515 Grove Street, Suite B			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Haddon Heights, NJ 08035			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Brian Clark			City, State & Zip Code Bristol, PA 19007		
Telephone Number 856-656-2944			Telephone Number (215) 788-6040		
Scheduled Start Date (10) 6/10/19			License Number 00509		
Scheduled Completion Date (11) 6/21/19			Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 6:00 AM to 2:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray On Fireproofing	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Yardley, PA		Disposal Date 6/21/19	City, State Fairless Hills, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/11/19

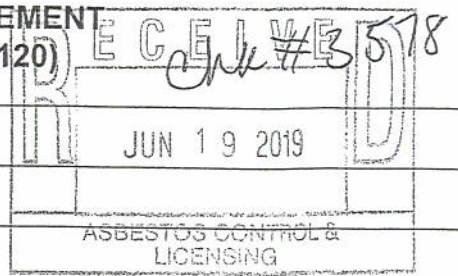
APPROVED BY:
TOM VOORHEES, NJ
DOL, 6/4/19, 3:45pm

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

RECEIVED
JUN 19 2019
ASBESTOS CONTROL & LICENSING
Telephone Number
609-896-7780

Date of Notification (1) 5/30/19		Name of Building Owner / Operator (2) Rider University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-6/4/19 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648						
			Name of Contact Walter Eddy						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University - Fine Arts		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2083 Lawrenceville Road		Square Feet 30,000	# of Floors 3						
City (5) Lawrenceville	County (6) Mercer	Bldg. Age 40+							
County Code (7)		Current Use (Prior if being demolished) Dormitory							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 515 Grove Street, Suite B		Street Address 1123 Beaver Street							
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-656-2944	Telephone Number (215) 788-6040						
License Number 00509									
Scheduled Start Date (10) 6/10/19	Scheduled Completion Date (11) 6/21/19		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM to 3:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Clean Up	Enclosure
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray On Fireproofing	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill					
City, State Yardley, PA		Disposal Date 6/21/19	City, State Fairless Hills, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 6/4/19		

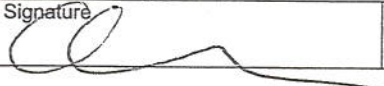
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



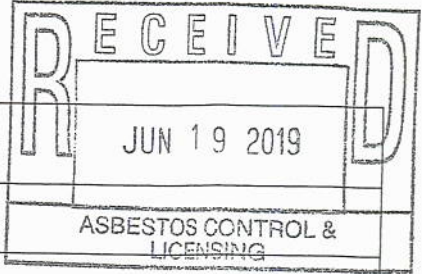
Date of Notification (1) 5/30/19		Name of Building Owner / Operator (2) Rider University		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address 2083 Lawrenceville Road			
				City, State & Zip Code Lawrenceville, NJ 08648					
		Name of Contact Walter Eddy		Telephone Number 609-896-7780					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University – Fine Arts			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) University <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2083 Lawrenceville Road			Square Feet 30,000						
City (5) Lawrenceville		County (6) Mercer	County Code (7)	# of Floors 3	Bldg. Age 40+				
			Current Use (Prior if being demolished) Dormitory						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) Bristol Environmental, Inc.					
Street Address 515 Grove Street, Suite B				Street Address 1123 Beaver Street					
City, State & Zip Code Haddon Heights, NJ 08035				City, State & Zip Code Bristol, PA 19007					
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-656-2944		Telephone Number (215) 788-6040	License Number 00509				
Scheduled Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/28/19		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street						
			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	Clean Up	Enclosure
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray On Fireproofing	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223 & 249	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill				
City, State Yardley, PA		Disposal Date 6/29/19		City, State Fairless Hills, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i> / 19113			Date 5/30/19		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

RECEIVED
JUN 19 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) Mike Bucchino Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Mike	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mike Bucchino Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Shed							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/21/19	Scheduled Completion Date (11) 7/3/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding on Small Shed			x	exterior siding	200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 7/3/19	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/12/19			

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



Date of Notification (1) 06 / 12 / 19		Name of Building Owner/Operator (2) Saint Veronica School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 4219 North Route 9 City, State, Zip Code Howell, New Jersey 07731							
		Name of Contact Deacon Gino Esposito	Telephone Number 732 370-3891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Veronica 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 and commercial buildings, homes, etc.)							
Street Address 4219 North Route 9									
City (5) Howell		Square Feet 60,000	# of Floors 2						
County (6) Monmouth		Bldg. Age ~ 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 1100 Grosser Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Gilbertsville, PA 19525							
Project Manager for Monitoring Firm Jeremy Humble		Telephone No. 856 547-0505	License No. 00836						
Start Date (10) 06 / 26 / 19	Scheduled Completion Date (11) 07 / 31 / 19		Name of OSHA Monitor Neuber Environmental Services						
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: 7AM-5PM/ _____ PM-_____ AM		Street Address 1100 Grosser Road City, State, Zip Code Gilbertsville, PA 19525							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Spreadsheet	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Neuber Environmental Services, Inc.		NJDEP Waste Hauler ID No. 0035969	Cubic Yards of Waste 40	Name of Registered Landfill Monmouth County Recalcination Center					
City, State Gilbertsville, PA		Disposal Date July-Aug 19		City, State Tinton Falls, NJ					
Completed By (Print or Type) Pat Larney		Title Project Manager		Signature 		Date 6-12-19			

06/10/2019 04:15PM 2013297440

BEST REMOVAL INC

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

OK 5119
PAGE 027/04
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JUN 19 2019
ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) ERIC MANN					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> BOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code SHORT HILLS, NJ 07078 Name of Contact MR. STAGER					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ERIC MANN		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 5300	# of Floors 2				
City (5) SHORT HILLS		Bldg. Age 1929					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
[REDACTED]		Best Removal Inc					
Street Address		Street Address					
[REDACTED]		450 South River St					
City, State, Zip Code		City, State, Zip Code					
[REDACTED]		Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No.	License No.				
[REDACTED]		201-329-7444	00388				
Start Date (10) 6/12/19	Scheduled Completion Date (11) 6/13/19	Name of OSHA Monitor Omega Environmental					
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: BAH TO 5:00 PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≤ 3 sf or ≤ 2 ft <input type="checkbox"/> ≥ 100 sf or ≥ 200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving 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) (e.g., thermal system insulation, packing, V.A.T., or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
FIRST FLOOR RISERS		THERMAL SYSTEM INSULATION	SELF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		N.J.DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 6/13/19	City, State NEW BURGESS, PA 17240				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 6/10/19				

ASB-41

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

Ch 25894

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

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">JUN 19 2019</div>
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/11/2019 <i>Inv 17602</i>		Name of Building Owner/Operator (2) Arciszewski							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>							
		City, State, Zip Code South River, NJ 08882							
		Name of Contact Shirley Arciszewski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>		Square Feet 1800							
City (5) Pennington, NJ 08534		# of Floors 2							
County (6) Middlesex		Bldg. Age 80 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 259-9688							
License No. 00493		Start Date (10) 6/12/2019							
Scheduled Completion Date (11) 6/14/2019		Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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 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)						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Yes</th> <th style="width: 33%;">No</th> <th style="width: 33%;">N/A</th> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>	Yes	No	N/A	X	X			
Yes	No	N/A							
X	X								
Basement		Thermal Pipe Insulation Debris	10 lf						
Basement		Boiler Insulation	20 sf						
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292							
City, State Allentown, NJ		Cubic Yards of Waste 2							
Disposal Date 6/17/2019		Name of Registered Landfill Fairless Landfill							
City, State Morrisville, PA		Completed by Mahlon E. Stevens							
Title Project Manager		Signature <i>[Signature]</i>							
Date 6/11/2019									

CH3142 INV-11771

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) Andrew Kirshenbaum							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Short Hills, NJ 07078 Name of Contact Eric Plackis Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED] City (5) Short Hills County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 3700 # of Floors 2 Bldg. Age 78 Current Use (Prior to being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Brick Industries, Inc. Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723 Telephone No. 732-899-7499 License No. 01196							
Start Date (10) 6/17/19 Scheduled Completion Date (11) 7/8/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input 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"/> Grovbag 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
			X	Floor Tile	1000SF	X			
			X	Mastic	1000SF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 5	Name of Registered Landfill Grows North Landfill					
City, State Brick, NJ			Disposal Date 6/8/19	City, State Morrisville, PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 6/12/19			

CH 8319

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

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06/14/19		Name of Building Owner/Operator (2) MCEF Construction	
Agencies Notified	Type Notification	Street Address 496 East County Line Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact MCEF Construction	Telephone Number 732-367-0693

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 187 East 4th Street		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 187 East 4th Street			
City (5) Lakewood	Square Feet	# of Floors	Bldg. Age
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200
Start Date (10) 06/24/19	Scheduled Completion Date (11) 07/01/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	3000	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 07/01/19	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 06/14/19

12.06.2019 06:32 AM

A. Mac Contracting

2012620321

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

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) BARBARA STANTON		Check # 1262	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code WALWICK, NJ 07463 Name of Contact BARBARA	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) STANTON			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 1450		
City (5) WALWICK			# of Floors 2		Bldg. Age 64
County (6) BERGEN			County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RES.
Name of Monitoring Firm Hired by Building Owner (8)			ACSM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address			Street Address 185 Vreeland Ave.		
City, State, Zip Code			City, State, Zip Code Midland Park, NJ 07432		
Project Manager for Monitoring Firm			Telephone No. 201-262-6841		License No. 00188
Start Date (10) 6/12/19		Scheduled Completion Date (11) 6/17/19		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 280 Huyler Street		
			City, State, Zip Code Hackensack, NJ 07605		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 200 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-Enclosed ("") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASEMENT			X	PIPE	90 LF X
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04508		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 6/12/19		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Title President		Signature R. McDonald Date 6/12/19	

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

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ASBESTOS CONTROL & LICENSING


Amended New Check 7423
Additional Material

Date of Notification (1) 5/30/19 <i>INV #12006</i>		Name of Building Owner/Operator (2) G-Force Excavation LLC	
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 # <i>1</i> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	160 Crown Point Road	
		City, State, Zip Code Thorofare NJ 08086	
		Name of Contact Larry Lutz	Telephone Number 856-384-0333

FACILITY INFORMATION

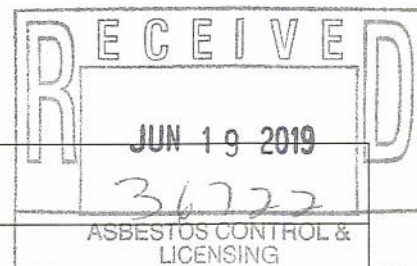
Name of Facility Where Abatement is Taking Place (3) Proposed WAWA Food Market Site		Type of Facility (4)	
Street Address 7190 N Park Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Pennsauken NJ 08109	Square Feet 1000 <i>+</i>	# of Floors 1	Bldg. Age 35+
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.	License No.
		856-753-9800	00727
Start Date (10) 6/8/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
Window Caulk			x	Caulk	50 LF	x			
door			x	Caulk	25 LF	x			
Roof			x	Roofing	4000 SF	x			

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

Inv# 12081
Check # 36722

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



Date of Notification (1) 06 / 12 / 19		Name of Building Owner/Operator (2) Hamilton Township School District	
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 90 Park Avenue	
		City, State, Zip Code Hamilton, NJ 08690	
		Name of Contact John Miranda	Telephone Number 609-631-4100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Reynolds Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2145 Yardville Hamilton Square Road			
City (5) Hamilton	County (6) Mercer	County Code (7) (STATE USE ONLY) 08690	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Karl Environmental Group		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 20 Lauck Road		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Mike Krisher		Telephone No. 800-527-5581	License No. 00624
Start Date (10) 06 / 24 / 19	Scheduled Completion Date (11) 07 / 26 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

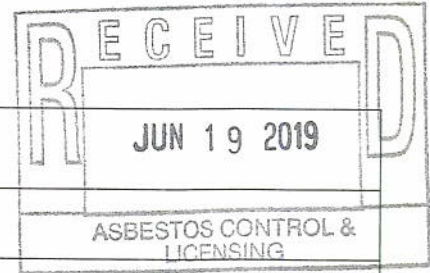
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos window caulk	2500 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 07/26/19	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/12/19		

Inv# 11793
Check# 36723

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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 / 12 / 19</div>		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact Richard Hyde	Telephone Number 732-762-7365

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 4 Northend Boardwalk		Square Feet N/A	
City (5) Ocean Grove		# of Floors	Bldg. Age
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <div style="text-align: center;">06 / 13 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 21 / 19</div>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

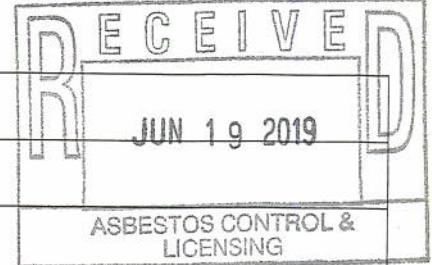
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 06/21/19	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/12/19		

Inv# 12070
Check# 8894

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



Date of Notification (1) 06/11/19		Name of Building Owner/Operator (2) Noam Kamelhar							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07012							
		Name of Contact Noam Kamelhar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Clifton		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) 07018	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/21/19	Scheduled Completion Date (11) 06/24/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				WINDOW AND DOOR CAULKING	200LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 06/24/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 06/11/19			

11.06.2019 07:39 AM A. Mac Contracting

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PAGE. 2/ 3

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:12)

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CH# 1259

Inv# 11727

DOL - 10 DAY

JUN 19 2019

ASBESTOS CONTROL & LICENSING

WAIVER

Date of Notification (1) 06/11/2019		Name of Building Owner/Operator (2) Joan Webb							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Joan Webb							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Webb		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		Square Feet 2000	# of Floors 2						
County (6) Bergen		Bldg. Age 55							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-262-5841	License No. 00158						
Start Date (10) 06/11/19	Scheduled Completion Date (11) 06/25/19	Name of OSHA Monitor Omega Environmental Services Inc.							
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:		280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
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	Encapsulation	Enclosure
Basement			X	Pipe	70 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 06/11/19 on		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature 		Date 06/11/19			

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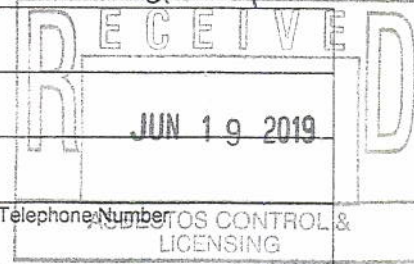
Print Form

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

Inv# 12021

Ck# 2649

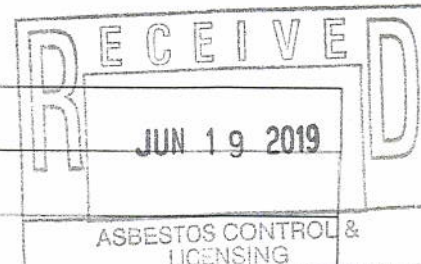
Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) Legow Management	
Agencies Notified	Type Notification	Street Address 160 S. Livingston Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Livingston, NJ	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Royal Court Apartments		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 72 Reservoir Ave		Square Feet 10,000	# of Floors 2
City (5) River Edge		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) 07661	Current Use (Prior if being demolished) Apartment Complex	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255
Start Date (10) 6/19/19		Scheduled Completion Date (11) 6/23/19	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Harmony Contracting Inc	
		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell 1			x	VAT	200 SF	x			
Stairwell 2			x	VAT	300 SF	x			

Name of Registered Waste Hauler Harmony Contracting Inc	NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Garfield, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by E. Cirovic	Title Secretary	Signature E. Cirovic	Date 6/10/19

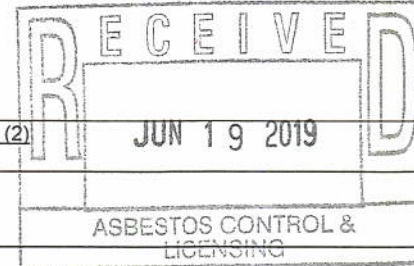
Inv# 12088
Check# 3130**PAID**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/8/19		Name of Building Owner/Operator (2) Township of Wall							
Agencies Notified	Type Notification	Street Address 2700 Allaire Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, NJ 07719							
		Name of Contact Eric Plackis	Telephone Number 732-899-7499						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Well House #1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2301 Tilton's Corner Rd 07719		Square Feet 80SF	# of Floors 1						
City (5) Wall		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Well House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address		Street Address PO Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499	License No. 01196						
Start Date (10) 5/9/19	Scheduled Completion Date (11) 5/23/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
			X	Asbestos siding	300SF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill Grows North Landfill					
City, State Brick, NJ		Disposal Date 5/23/19		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature 		Date 5/8/19			

Inv# 11774

MO# 2543416515

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) Paulsboro Refining Company		JUN 19 2019	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled () Emergency		Street Address 800 Billingsport Rd	
				City, State, Zip Code Paulsboro, NJ 08066	
		Name of Contact Ravi Jarecha		Tel. Number 856-224-4444	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 800 Billingsport Rd			Sq. Feet N/A # of Floors N/A		
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only) 08066	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) Mansfield Industrial, Inc.	
Street Address		Street Address 26 Colonial Ave			
		City, State, Zip Code Woodbury NJ 08096			
Project Manager for Monitoring Firm		Telephone Number		License Number 00857	
Scheduled Start Date (10) 6/19/19		Scheduled Completion Date (11) 6/27/19		Name of OSHA Monitor Mansfield Industrial, 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 - Removal of ACM within restricted work area in outside area			Street Address 26 Colonial Avenue		
			City, State, Zip Code Woodbury NJ 08096		
Source of Work (Check all that apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Pipe Insul. NW corner CHD1	X	TSI - Pipe	Approx 15 LF	X	
Pipe N of WS CU7	X	TSI - Pipe	Approx 12 LF	X	
Pipe East of CU6 CR	X	TSI - Pipe	Approx 5 LF	X	
Pipe NW corner Maint Bldg	X	TSI - Pipe	Approx 15 LF	X	
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste <3 CY	Name of Reg. Landfill Gloucester County Landfill		
City, State South Harrison, NJ			Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc	Signature Site Operations Supervisor		Date 6-12-19	

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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

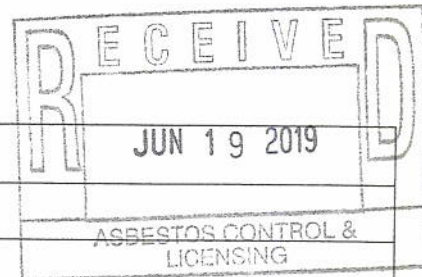
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/13/2019		Name of Building Owner/Operator (2) WALDWICK BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 155 SUMMIT AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WALDWICK, NJ 07463							
		Name of Contact ANDY GAMPER	Telephone Number 201-445-3340						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TRAPHAGEN OLD BUILDING 11		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 153 SUMMIT AVENUE		Square Feet							
City (5) WALDWICK		# of Floors							
County (6) BERGEN		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES, INC.		ASCM No.							
Street Address PO BOX 365		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
City, State, Zip Code BERLIN, NJ 08009		Street Address 11 VREELAND AVENUE							
Project Manager for Monitoring Firm JIM PROCTOR		City, State, Zip Code TOTOWA, NJ 07512							
Telephone No. 856-452-1311		Telephone No. 973-956-8700							
License No. 00494									
Start Date (10) 6/24/2019		Scheduled Completion Date (11) 6/28/2019							
Name of OSHA Monitor SAME AS (9) ABOVE									
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		GLUE UNDER ALUMINUM	2,300 SF	X			
				SIDING					
				ROOF MEMBRANE	50 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 6/28/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 6/13/2019			

Inv# 11857
Check # 3003

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



Date of Notification (1) 6-14-2019		Name of Building Owner / Operator (2) Jefferson Health	
Agencies Notified	Type Notification	Street Address 18 E. Laurel Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Stratford, NJ 08084	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Jeff Alber	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number 856-218-5764	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson Health – 2 nd Floor Emboli room			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 18 E. Laurel Road			Square Feet 250,000		
City (5) Stratford, NJ 08084			County (6) Camden		County Code (7)
			# of Floors 2		Bldg. Age 52
			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			ASCM No.		
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, Pa. 19020			Street Address 2115 Hamilton Ave, Ste 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 215-244-1300		License Number 01185
Scheduled Start Date (10) 6-17-2019		Scheduled Completion Date (11) 07-8-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Weekdays & weekends 8am – 5pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input 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
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM	300 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop down soffits of casework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 columns	240 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Voorhees, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 06/14/2019

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PAGE. 3/ 3
JUN 19 2019
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING

Inv# 11843
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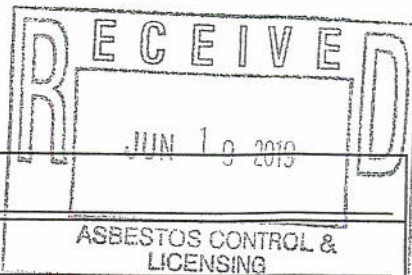
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 6/13/19		Name of Building Owner/Operator (2) Catherine Shea							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Ridgewood, NJ 07450							
Name of Contact Arlene		Telephone Number 5							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shea		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2150							
City (6) Ridgewood		# of Floors 2							
County (8) Bergen		Bldg. Age 58							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address [REDACTED]		Street Address 165 Vreeland Ave							
City, State, Zip Code [REDACTED]		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-262-5841							
Start Date (10) 6/13/19		Scheduled Completion Date (11) 6/20/19							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.							
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 ft <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) 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	95	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04508		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 6/13/19		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 6/13/19			

Inv # 12072
CK1130

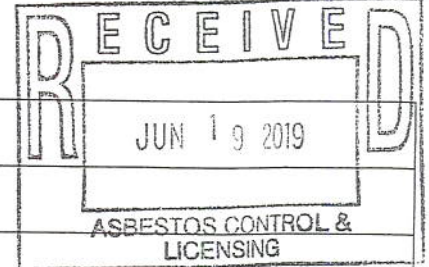
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID



Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) Rutgers					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Bartlett Street City, State, Zip Code New Brunswick, NJ Name of Contact Chris Pudimott Telephone Number 7323569505					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2000 SF					
City (s) New Brunswick, NJ		# of Floors 2					
County (6) Middlesex, NJ 08846		Bldg. Age 25 yrs					
County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) AEi2, LLC					
City, State, Zip Code		Street Address 361 E. Fleming Pike					
Project Manager for Monitoring Firm		City, State, Zip Code Hammonont, NJ 08037					
Telephone No.		Telephone No. 609-481-2122					
Start Date (10) 6/22/19		License No. 00689					
Scheduled Completion Date (11) 6/29/19		Name of OSHA Monitor AEi2, 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 361 E. Fleming Pike					
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		City, State, Zip Code Hammonont, NJ 08037					
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			
				Removal	Repair	Encapsulation	Enclosure
1st floor	Yes	No	N/A	X			
Kitchen			X	Vinyl Flooring	60 SF	X	
Basement			X	Vinyl Flooring	160 SF		
House			X	TSI	2 SF		
			X	Sinks	2		
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376		Cubic Yards of Waste 3		Name of Registered Landfill TBD	
City, State Hammonont, NJ		Disposal Date TBD		City, State TBD			
Completed By Wm. Minnick		Title Program Mgr.		Signature <i>Wm Minnick</i>		Date 6/10/19	

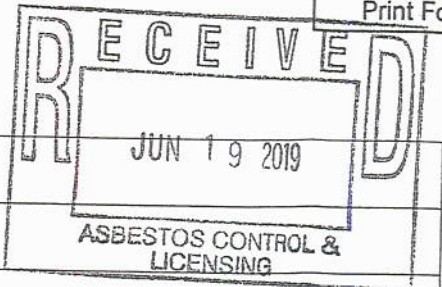
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv# 12008
 CK24109 PAID

Date of Notification (1) 6/13/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 500 NORTH BROAD STREET							
<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 ELIZABETH, NJ 07208							
		Name of Contact LUIS COUTO	Telephone Number 908-436-5180						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MADISON MONROE SCHOOL #16		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 1091 NORTH AVENUE		Square Feet	# of Floors						
City (5) ELIZABETH		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 6/24/2019	Scheduled Completion Date (11) 8/24/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
BASEMENT, 1ST FL, 2ND FL		X		PLASTER	174 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 8/24/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 6/13/2019					

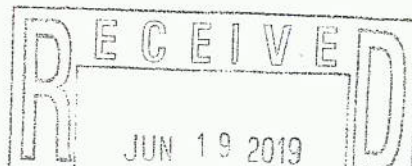
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) Tom Keller Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Ship Bottom NJ 08008							
Name of Contact Tom		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom Keller Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +							
City (5) Ship Bottom NJ 08008		# of Floors 1							
County (6) Ocean		Bldg. Age 35+							
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.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 6/20/19		License No. 00727							
Scheduled Completion Date (11) 6/28/19		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 6		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 6/28/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/10/19			

CK# 4843

PAID



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

Date of Notification (1) <u>6-8-19</u>		Name of Building Owner/Operator (2) <u>TOM WELSH</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 <u>661 POMONA AVE</u> City, State, Zip Code <u>HADDONFIELD N.J 08033</u>					
		Name of Contact <u>TOM</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1000</u>					
City (5) <u>AVULON</u>		# of Floors <u>1</u>	Bldg. Age <u>50+</u>				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
Street Address _____		Street Address <u>369 S SPRUCE AVE</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>				
Start Date (10) <u>6-18-19</u>	Scheduled Completion Date (11) <u>6-28-19</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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) <u>1250 SF</u>	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	X	<u>TRANSITE</u>		X			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C. M.U.A</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____	City, State <u>WOODBINE</u>				
Completed By <u>MICHAEL KLOMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>6-8-19</u>				

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

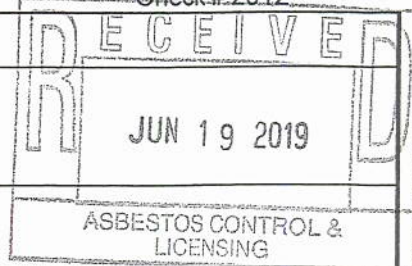
Date of Notification (1) 6/13/19		Name of Building Owner/Operator (2) James Barbaccia Private Home		JUN 19 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [Redacted] City, State, Zip Code Parkertown NJ 08087					
		Name of Contact Jim		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) James Barbaccia 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) Parkertown NJ 08087				Square Feet 1000 +	# of Floors 2				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same					
Start Date (10) 6/22/19		Scheduled Completion Date (11) 7/6/19		Street Address					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code					
<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 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 Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 7/6/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 			Date 6/13/19		

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

No Check

Check # 2012

Date of Notification (1) <u>June 14, 2019</u> <u>May 17, 2019</u>		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center	
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	ON HOLD <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	1925 Pacific Avenue City, State & Zip Code Atlantic City, NJ 08401	
		Name of Contact	Telephone Number
		William Malazita	609-345-4000



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center		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 1925 Pacific Avenue		Square Feet	# of Floors
City (5) Atlantic City, NJ		Bldg. Age 120 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.		ASCM No.	
Street Address 1600 Route 22 East, Ste 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Stephen Cherepany		City, State & Zip Code Little Egg Harbor, NJ 08087	License Number 00817
Telephone Number 908-688-7800	Telephone Number 609-296-6916		
Scheduled Start Date (10) On Hold	Scheduled Completion Date (11) November 19, 2019	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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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	Encapsulat	Enclosure
1 st Floor Offices			X	Floor Tile and Mastic	2,800 SF	X			
1 st Floor Offices			X	Plaster Ceiling	850 SF	X			

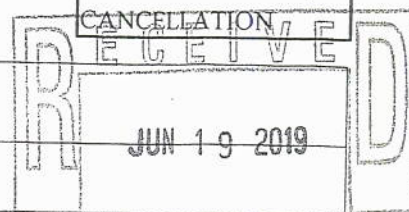
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Atlantic County Utilities Authority	
City, State Little Egg Harbor, NJ 08087		Disposal Date December 2, 2019		City, State Egg Harbor Township, NJ	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date June 14, 2019 May 17, 2019	

No Check

Check#3366

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

CANCELLATION



ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06 / 12 / 19		Name of Building Owner/Operator (2) Kelly McLaughlin							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Kelly McLaughlin Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Maplewood, NJ 07040		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777							
Start Date (10) 06 / 12 / 19		License No. 01127							
Scheduled Completion Date (11) 06 / 13 / 19		Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input 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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	11 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc.				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 06/12/19			

ASB-41

MAY 11

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

111-118555
Check # 29190

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

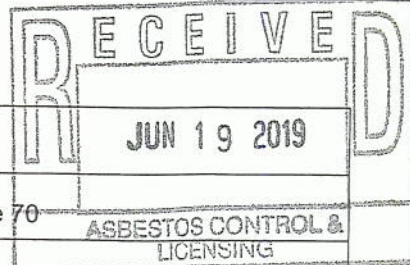
RECEIVED
JUN 19 2019

Date of Notification (1) 06/14/19 ck. #29190		Name of Building Owner/Operator (2) Board of Trustees	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 2600 Woodbridge Ave		City, State, Zip Code Edison, NJ 08817	
Name of Contact Dorothy K Power		Telephone Number 732-548-6000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Middlesex County College (Library)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) x Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: over 100k sf # of Floors: 2 Bldg. Age: Multiple additions Current Use (prior if being demolished): Middlesex County College	
Street Address 2600 Woodbridge Ave		City, State, Zip Code Trenton, NJ 08608	
City (5) Edison	County (6) Middlesex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Connection Inc.		ASCM No.	
Street Address 120 North Warren Street		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
City, State, Zip Code Trenton, NJ 08608		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm Roli Jones		Telephone Number 609-392-4200	License Number P (732)926-0900
Scheduled Start Date (10) 06/17/19		Scheduled Completion Date (11) 7/17/19	
Name of OSHA Monitor IAQ GURU LLC		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe:	
Street Address 87 Main Street		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</p> </div> <div> <p><input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure</p> </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 misc.)	Amount (Specify SF or LF)
Library Exterior Windows	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	Asbestos Window Caulking	2170 LF
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 6/13/19

PAID

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

Print Form



Check # 8301

06/13/19 110-12084

Name of Building Owner/Operator (2)
Resipro

Street Address
3525 Piedmont Road, NE- Building 7, Suite 70

City, State, Zip Code
Atlanta, GA, 30305

Name of Contact
Resipro

Telephone Number
844-554-0196

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
[REDACTED]

Street Address
[REDACTED]

City (5)
Orange

County (6)
Essex

County Code (7)
(STATE USE ONLY) 07050

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

Square Feet
[REDACTED]

of Floors
[REDACTED]

Bldg. Age
[REDACTED]

Current Use (Prior if being demolished)
Home

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

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
[REDACTED]

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
06/23/19

Scheduled Completion Date (11)
06/26/19

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

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
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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
INTERIOR				PIPE INSULATION	150LF	x			
				FLOOR TILE	350SF				

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
06/26/19

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature
[REDACTED]

Date
06/13/19

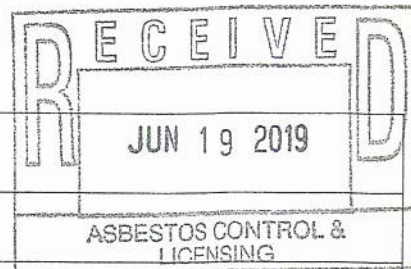
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 3087

Date of Notification (1) June 6, 2019		Name of Building Owner/Operator (2) Middlesex Board of Education		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Street Address 300 John F. Kennedy Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Middlesex, NJ 08846					
		Name of Contact Carlos Luaces		Telephone Number 973-414-9224					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middlesex High School, Home Economics Room 305				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 300 John F. Kennedy Drive									
City (5) Middlesex				Square Feet	# of Floors				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. _____		Name of Abatement Contractor (9) Osiyo Inc					
Street Address 3 Crosswicks Street				Street Address 292 Main Street, #261					
City, State, Zip Code Bordentown, NJ 08505				City, State, Zip Code Harleysville, PA 19438					
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520		Telephone No. 610-400-8711	License No. 01373				
Start Date (10) 06/25/2019		Scheduled Completion Date (11) 07/03/2019		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u>				Street Address 2512 West Cary Street					
				City, State, Zip Code Richmond, VA 23220					
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
Room 305		X		Acoustical Ceiling Plaster	887	X			
Room 305		X		Vinyl Floor Tile w/Mastic	887	X			
Room 305		X		Ceramic Tile Mortar	160	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. SW2753		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Carol Bradford		Title President		Signature <i>Carol Bradford</i>		Date June 6, 2019			

INV-12080
Check # 5793

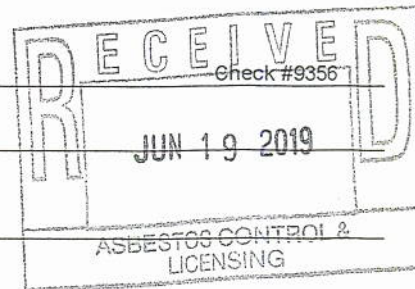
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 12 / 19		Name of Building Owner/Operator (2) Southern Regional Board of Education							
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 105 Cedar Bridge Road City, State, Zip Code Manahawkin, NJ 08050							
		Name of Contact Gary Allegar	Telephone Number 609-597-9481 x 4569						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Southern Regional 9-10 High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 600 North Main Street									
City (5) Manahawkin		Square Feet 50,000	# of Floors 2						
		Bldg. Age 70							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Julian Fernandez-Obregon	Telephone No. 609-890-7277	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 06 / 25 / 19	Scheduled Completion Date (11) 06 / 26 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boys Locker Room Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	140 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 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 06/26/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 6/12/19		

100-12079
Check 9356

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



Date of Notification (1) 6/7/19		Name of Building Owner/Operator (2) Philip Herman	
Agencies Notified	Type of 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 Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Northvale, NJ 07647	
		Name of Contact Philip Herman	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address			Square Feet 2000		
City (5) Northvale			County (6) Bergen		# of Floors 2
			County Code (7) (STATE USE ONLY)		Bldg. Age ~70
Name of Monitoring Firm Hired by Building Owner N/A			ASCM No. 000		
Street Address			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code			Street Address 323 Changebridge Road, Suite 100		
Project Manager for Monitoring Firm			City, State, Zip Code Pine Brook, NJ 07058		
Telephone Number			Telephone Number 973-575-8700		
Scheduled Start Date (10) 6/18/19			License Number 00852		
Sched. Completion Date (11) 6/24/19			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

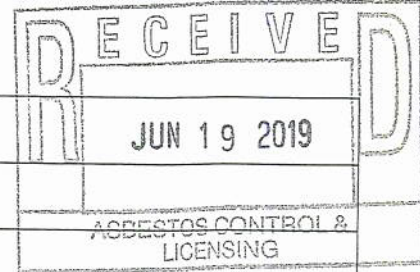
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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			R	R	E	E
Garage			X	Shingle siding	150 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 2	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 6/28/19		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 6/7/19

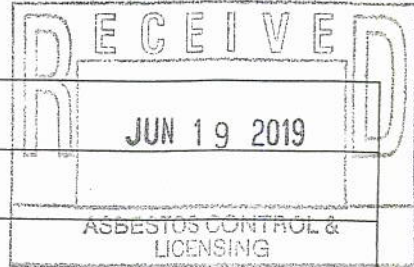
PAID

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



Check # 8295 Date of Notification (1) 06/11/19		INV# 12074 Name of Building Owner/Operator (2) Ashley Management							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 411 Ashley Ave		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Ashley Management		Telephone Number 732-719-6336							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Lakewood		County Code (7) (STATE USE ONLY)							
County (6) Ocean		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078							
Start Date (10) 06/21/19		License No. 1200							
Scheduled Completion Date (11) 06/25/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Floor Tile	500SF	x			
				Flooring	200SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 8		Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 06/25/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/11/19			

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



Check # 115 INV-11864

Date of Notification (1) 06/14/2019		Name of Building Owner/Operator (2) Pete Meloi							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Nutley NJ 07110	Telephone Number 						
Name of Contact Pete Meloi									
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) House Street Address [REDACTED] City (5) Nutley County (6) Essex County Code (7) (STATE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Rizov LLC						
Street Address		Street Address 246 Gaston Ave							
City, State, Zip Code		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (862)262-8006 License No. 01369						
Start Date (10) 06/25/2019	Scheduled Completion Date (11) 07/03/2019	Name of OSHA Monitor Rizov LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		X		Plaster	388 SF	X			
Bathroom		X		Plaster	200 SF	X			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Aleksandra Rizova		Title Owner	Signature 			Date 06/14/2019			

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

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JUN 19 2019

ASBESTOS CONTROL & LICENSING

Check # 24120

INV-12073

Date of Notification (1) 6/12/2019		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION	
Agencies Notified	Type Notification	Street Address 540 BROADWAY	City, State, Zip Code LONG BRANCH, NJ 07740
<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	Name of Contact ANN DEGNAN	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MORRIS AVENUE 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 318 MORRIS AVENUE		Square Feet	# of Floors
City (5) LONG BRANCH		Bldg. Age	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE	
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	License No. 00494
Start Date (10) 6/26/2019	Scheduled Completion Date (11) 7/3/2019	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM		X		BOILER RIB INSULATION	300 SF	X			
				BOILER DOOR INSULATION	6 SF	X			
				BOILER BREECHING FLANGE	6 SF	X			
				GASKET					

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 7/3/2019	City, State MORRISVILLE, PA		
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/12/2019		

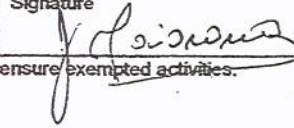
CH5122

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

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CK 5122
JUN 19 2019

Date of Notification (1) 6/13/19 IN-12057		Name of Building Owner/Operator (2) MS. TOUHA YUCHT	
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 [REDACTED]	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code TEANECK . NJ . 07666	
		Name of Contact MS. YUCHT	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. TOUHA YUCHT		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 2000	# of Floors 2
City (5) TEANECK		Bldg. Age 1940	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 6/25/19	Scheduled Completion Date (11) 6/26/19	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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)
	Yes	No	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 24207
City, State Hackensack, N.J. 07601		Disposal Date 6/26/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
Completed by J. Maiorano		Title Estimator	Signature 
			Date 6/13/19

ASB-41

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

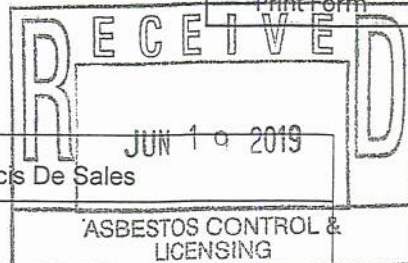
RECEIVED
OK 5125
JUN 19 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/13/19		Name of Building Owner/Operator (2) MR. ERIC VALENCIA		JUN 14 2019	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code WALLINGTON, NJ, 07057		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact MR. E. VALENCIA		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR ERIC VALENCIA				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) WALLINGTON				Square Feet 2200	# of Floors 2
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 1935
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 South River St	
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 6/26/19	Scheduled Completion Date (11) 6/27/19		Name of OSHA Monitor Omega Environmental		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM			Street Address 280 Huyler St		
			City, State, Zip Code S. Hackensack, N.J. 07606		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	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) 140 LF	Abatement Type	
				Removal	Repair Encapsulate Enclosure
		THERMAL SYSTEM INSULATION		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 31/24	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State Hackensack, N.J. 07601		Disposal Date 6/27/19	City, State NEW BURG, PA. 17240		
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 6/13/19	

UNV-12055

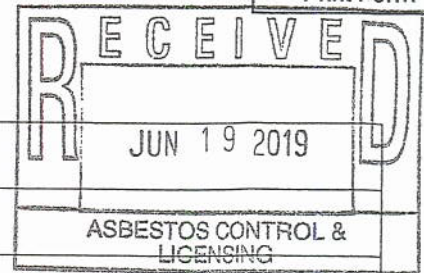
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 06/07/19		Check #3392		Name of Building Owner/Operator (2) South Bergen Jointure Commission/St. Francis De Sales					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 123 Union St. City, State, Zip Code Lodi, NJ, 07644 Name of Contact Jennine Telephone Number 973-249-0995					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Bergen Jointure Commission				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 123 Union St.				Square Feet 20,000+					
City (5) Lodi				# of Floors 3					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 444a 7th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 06/17/19		Scheduled Completion Date (11) 06/19/19		Name of OSHA Monitor N/A					
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: 12:30pm				Street Address N/A City, State, Zip Code N/A					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Hallway		X		ACM Joints & Elbows	3 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entrepise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 06/07/19			

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



Date of Notification (1) 6/5/2019		Name of Building Owner/Operator (2) Terri Suess							
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 Union, NJ 07083							
		Name of Contact Terri Suess	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Terri Suess's Private Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union, NJ 07083		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) MKD Property Maintenance LLC							
City, State, Zip Code		Street Address 105 Van Riper Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Clifton NJ 07011							
Telephone No.		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 06/23/2019	Scheduled Completion Date (11) 07/10/2019	Name of OSHA Monitor							
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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	AC Unit coating material	12sf	x			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 0037991	Cubic Yards of Waste N/A	Name of Registered Landfill Waste Management-Fairless Landfill					
City, State		Disposal Date		City, State Morrisville, PA					
Completed by Darko Raloski		Title Project Manager		Signature			Date 06/05/2019		

06/14/2019 08:32AM 9736381778

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Check#3371

CH3371
INV-118516

RECEIVED	
JUN 14 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06 / 14 / 19		Name of Building Owner/Operator (2) Richard Ponik	
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 [REDACTED]		City, State, Zip Code Bayonne, NJ 07002	
City (5) Bayonne, NJ 07002		Name of Contact Richard Ponik	
Telephone Number [REDACTED]			
DOL - 10 DAY			
TV			
WATER			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Bayonne, NJ 07002		County Code (7) (STATE USE ONLY) Hudson	
County (6) Hudson		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 06 / 15 / 19		License No. 01127	
Scheduled Completion Date (11) 06 / 18 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 ft <input checked="" type="checkbox"/> > 150 sf or > 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure 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 SIF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure			
Attic		Ceiling and wall plaster 400 SF	
Name of Registered Waste Hauler Gr Tech LLC		NJCEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc	
Completed By (Print or Type) N Jevtic		City, State Tullytown, PA	
Type Owner		Signature [Signature]	
Date 06/14/19			

MAY 11

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

CH20244

PAID
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

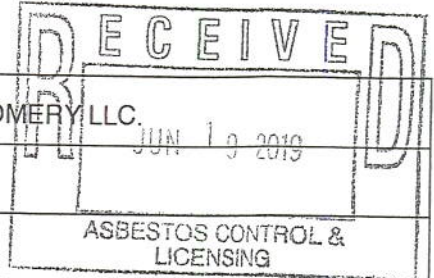
RECEIVED
JUN 19 2019

Date of Notification (1) 6/11/2019 NU-12050		Name of Building Owner/Operator (2) Freehold Regional High School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 11 Pine St		City, State, Zip Code Englishtown, NJ 07726	
Name of Contact Mr. Pat Lagravis		Tel. Number 732 792 7300	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Marlboro High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 95 North Main St 07144			
City (5) Marlboro	County (6) Monmouth	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services Inc.		ASC No. 117	
Street Address 318 12th St		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Hammonton, NJ 08037		Street Address 135-137 McBride Ave	
		City State, ZipCode Paterson, NJ 07501	
Project Manager for Monitoring Firm James Proctor	Telephone Number 856.452.1311	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 06/25/2019	Scheduled Completion Date (11) 07/13/19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: Occupied by other trades		Name of OSHA Monitor MTM Metro Corporation Street Address 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & 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 N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room	<input checked="" type="checkbox"/>	Breeching Insulation	90 sf
Boiler Room	<input checked="" type="checkbox"/>	Boiler Refractory & Burner gasket	606sf
Boiler Room	<input checked="" type="checkbox"/>	Boiler Rope Insulation	1200 lf
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 30
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA	
Completed by (Print or Type) Mike Damevski		Title Business Administrator	Signature <i>Mike Damevski</i>
		Date 6/11/2019	

ASB-41

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

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



Date of Notification (1) 6/11/19		Name of Building Owner/Operator (2) COUNTRY CLASSICS OF MONTGOMERY LLC	
Agencies Notified	Type Notification	Street Address 36-BOWER LANE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 HILLSBOROUGH, NJ 08844	
		Name of Contact JEFF COE	Telephone Number 908-359-8060

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 2216-WESTFIELD AVE.		Type of Facility (4)	
Street Address 2216-WESTFIELD 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) SCOTCH PLAINS		Square Feet 1200	# of Floors 2
		Bldg. Age +50	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO CORP.
Street Address		Street Address 339-LAFAYETTE STREET	
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-491-0877
		License No. 01240	
Start Date (10) 6/24/19	Scheduled Completion Date (11) 6/28/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR WALLS		X		TRANSITE	2400SQF.	X			
BASEMENT		X		PIPE INSULATION	30LF.	X			

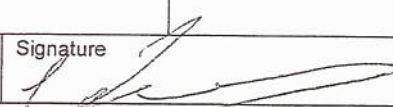
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill	
City, State Po. Box 5670, Newark, NJ 07105			Disposal Date	City, State 2335-applebutler Road, Bethlehem, PA	
Completed by Carlos Gomes		Title President	Signature		Date 6/11/19

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

014129

PAID

#129
Inv# 12041

Date of Notification (1) 6/12/19		Name of Building Owner/Operator (2) COUNTRY CLASSICS OF MONTGOMERY LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & REMEDIATION DIVISION </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 36-BOWER LANE City, State, Zip Code HILLSBOROUGH, NJ 08844 Name of Contact JEFF COE Telephone Number 908-359-8060			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 2222-WESTFIELD AVE.			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 2222-WESTFIELD AVE.			Square Feet 1200 # of Floors 2 Bldg. Age +50						
City (5) SCOTCH PLAINS			County (6) UNION County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) DINAGO CORP.					
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-491-0877 License No. 01240					
Start Date (10) 6/24/19		Scheduled Completion Date (11) 6/28/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
BASEMENT		X		PIPE INSULATION	30LF.	X			
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill ISES LANDFILL			
City, State PO.BOX 5670, NEWARK, NJ 07105				Disposal Date		City, State			
Completed by CARLOS GOMES		Title PRESIDENT		Signature 		Date 6/12/19			

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

Check # 10719
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JUN 19 2019
ASBESTOS CONTROL & REMEDIATION

IN # 12043

Date of Notification (1) 6-14-19		Name of Building Owner/Operator (2) Chanel Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 876 Centennial Ave		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Scott Reilly		Telephone Number 732-885-5500	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chanel Inc Warehouse		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 876 Centennial Ave		Square Feet 2	
City (5) Piscataway NJ 08854		# of Floors 50+-	
County (6) Middlesex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 6-24-19		License No. 00394	
Scheduled Completion Date (11) 6-28-19		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2nd shift		Street Address P.O. Box 337	
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Warehouse Areas Dock, Compactor + Fashion		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)	
Pipe fittings Insulation		90 LF	
Abatement Type		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 60	
Name of Registered Landfill Waste Management of PA		City, State Morgantown PA	
Disposal Date by 6/28/19		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 6/14/19			

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

Date of Notification 5/30/19 Type Notification		Name of Building Owner / Operator (2) National Park Service Northeast Region	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address Charlestown Navy Yard Bldg 1-1 City, State & Zip Code Boston, MA 02129 Name of Contact Timothy Wind	
		<div style="text-align: right;"> RECEIVED JUN 10 2019 ASBESTOS CONTROL & REMEDIATION Telephone Number 617-242-5110 </div>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gateway National Recreation Area Water Plant		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 341 Randolph Drive		Square Feet 3,000	# of Floors 1.5
City (5) Highlands	County (6) Monmouth	County Code (7) 07730	Bldg. Age 70+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tacticss, Inc		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07016		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	License Number 00714
Scheduled Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/21/19	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
Quantity is \geq 3 SF or \geq 3 LF ACM <input type="checkbox"/>		<input checked="" type="checkbox"/> Glove-bag Procedure	
<input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM		<input checked="" type="checkbox"/> Other: Wrap/cut	
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 Square Feet or Linear Feet)
Throughout Main Floor	N/A	Wire insulation in pipe	300 LF
Name of Registered Waste Hauler Freehold Carting	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 8	Name of Registered Landfill Fairless Landfill
City, State Trenton, NJ		Disposal Date 6/21/19	City, State Fairless Hills, PA
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 6/3/19

No fee reat *7051607*

(K#5336)

Inv # 12045

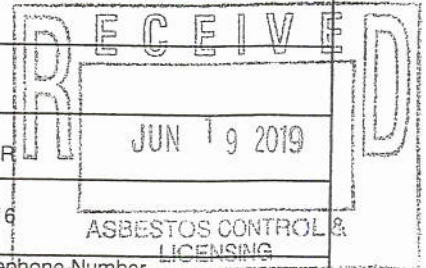
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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	JUN 19 2019

Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Princeton Realty Investment	
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 type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 267 Amboy Ave Suite 12 City, State, Zip Code Metuchen, New Jersey 08840 Name of Contact Akash Telephone Number (732) 905 5035	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton Realty 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 23-25 Humbert St		Square Feet 2000	
City (5) Princeton		# of Floors 2	
County (6) Mercer		Bldg. Age 30+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No. (732) 294 1757	
Start Date (10) 6/26/19		License No. 00029	
Scheduled Completion Date (11) 7/3/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:00-9:00pm		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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		City, State, Zip Code	
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)
Kitchen		glove adhesive	100 LF
basement s.d. 23		pipe insulation	150 LF
basement s.d. 25		pipe insulation	150 LF
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4
City, State Colts Neck, New Jersey		Disposal Date 7/3/19	Name of Registered Landfill Fairless City, State Morrisville, NJ
Completed by Broomfield	Title Secretary/Treasurer	Signature D. [Signature]	Date 6/27/19

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



Date of Notification (1) 6 / 4 /19		Name of Building Owner/Operator (2) NJIND TALMADGE ROAD LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2 TOWER CENTER BLDV., 20TH FLOOR City, State, Zip Code EAST BRUNSWICK, NEW JERSEY 08816 Name of Contact MOSHE STERN Telephone Number 732-509-8931	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		ASBESTOS CONTROL & LICENSING	

Name of Facility Where Abatement is Taking Place (3) 145 TALMADGE ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
City (5) EDISON			County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL
Square Feet 645,000			# of Floors 1	Bldg. Age 52	

Name of Monitoring Firm Hired by Building Owner (8) GZA		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 55 LANE ROAD		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code FAIRFIELD, NEW JERSEY 07004		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm BEN SALLEMI		Telephone Number 973-774-3311	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 6 / 14 19		Sched. Completion Date (11) 9 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM - 3:30 PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR SUITE 107			X	FLOOR TILE & MASTIC	700 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 6/13-9/30/2019		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 6/4/19	


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LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2)	
6 / 14 /19		NJIND TALMADGE ROAD LLC	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		2 TOWER CENTER BLDV. , 20TH FLOOR	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		EAST BRUNSWICK, NEW JERSEY 08816	
		Name of Contact	Telephone Number
		MOSHE STERN	732-509-8931

FACILITY INFORMATION

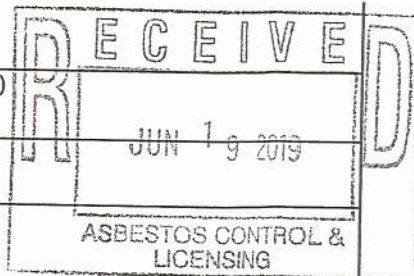
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)			
Street Address 145 TALMADGE ROAD				<input type="checkbox"/> School (K-12)			
				<input type="checkbox"/> Subchapter 8 (Other than K-12)			
				<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
City (5) EDISON		County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) GZA				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 55 LANE ROAD				Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code FAIRFIELD, NEW JERSEY 07004				City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm BEN SALLEMI		Telephone Number 973-774-3311		Telephone Number 845-369-7500		License Number 1101	
Expected State Date (10) 6 / 14 19 Month Day Year		Sched. Completion Date (11) 9 / 30 19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL			
Occupancy Status During Abatement (Check only one)				Street Address 1376 ROUTE 9			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:							
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM - 3:30 PM							
Scope of Work (Check all that apply)				Criticals with Negative Pressure			
<input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> >3SF OR LF				<input type="checkbox"/> Mini-Enclo ,			
<input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Glovebag Procedure			
				<input checked="" type="checkbox"/> Non-Friable Procedure			

[illegible]

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105		Disposal Date 6/13-9/30/2019	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/14/19

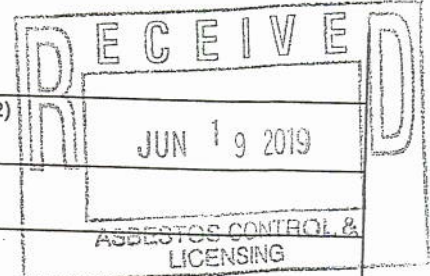
NO CK

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



Date of Notification (1) 6 / 14 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION							
Street Address 1945 STATE HWY. 33		City, State, Zip Code HACKENSACK, NEW JERSEY 07601							
Name of Contact BRIAN O'NEIL		Telephone Number 732-751-3384							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6						
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500						
Expected State Date (10) 6 / 6 /19		Sched. Completion Date (11) 12 / 30 /19	License Number 1101						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am-3:30 pm		Name of OSHA Monitor QUALITY ENVIRONMENTAL							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)						
	Yes	No		N/A					
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETED	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 6/14/19					

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



Date of Notification (1)

6 / 5 /19

Name of Building Owner/Operator (2)

HACKENSACK MERIDIAN HEALTH

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

BRIAN O'NEIL

Telephone Number

732-751-3384

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JERSEY SHORE UNIVERSITY MEDICAL CENTER

Street Address

1945 STATE HWY. 33

City (5)

NEPTUNE

County (6)

OCEAN

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
1,000,000

of Floors
6

Bldg. Age
87

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS INC.

ASCM No.

99

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

City, State, Zip Code

MATAWAN, NJ

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2217

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 6 /19
Month Day Year

Sched. Completion Date (11)

12 / 30 /19
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: Monday -Friday 7am-3:30 pm

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

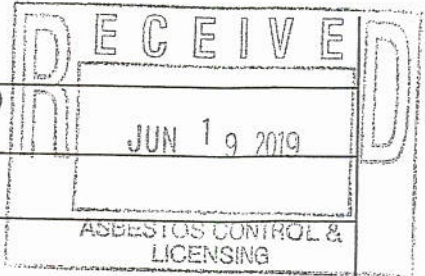
☐ Demolition
☒ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclo,
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A ✓			X	VAT & MASTIC ✓	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING		913		40		GRAND CENTRAL SANITARY LANDFILL			
City, State				Disposal Date		City, State			
NEWARK, NEW JERSEY 07105				05/13-12/30/19		PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				6/5/19			

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



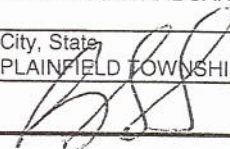
Date of Notification (1) 5 / 10 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE City, State, Zip Code HACKENSACK, NEW JERSEY 07601 Name of Contact BRIAN O'NEIL Telephone Number 732-751-3384	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33				Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.				ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 13 /19		Sched. Completion Date (11) 12 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)				Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 5/10/19

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

Date of Notification (1) 5 / 2 /19			Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified			Street Address 30 PROSPECT AVENUE						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA			City, State, Zip Code HACKENSACK, NEW JERSEY 07601						
Type Notification			Name of Contact BRIAN O'NEIL						
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			Telephone Number 732-751-3384						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
Street Address 1945 STATE HWY. 33						Square Feet 1,000,000		# of Floors 6	Bldg. Age 87
City (5) NEPTUNE		County (6) OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.				ASCM No. 99		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			
Street Address 64 BROAD STREET				City, State, Zip Code MATAWAN, NJ		Street Address 313 SPOOK ROCK ROAD			
Project Manager for Monitoring Firm THOMAS GEIGER				Telephone Number 732-290-2217		City, State, Zip Code SUFFERN, NEW YORK 10901		Telephone Number 845-369-7500	
Expected State Date (10) 5 / 13 /19				Sched. Completion Date (11) 12 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM						Street Address 1376 ROUTE 9			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF						<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR	
6TH FLOOR 1 B		X		VAT & MASTIC		2,820 SF		X	
6TH FLOOR 2A		X		VAT & MASTIC		3,050 SF		X	
6TH FLOOR 2B		X		VAT & MASTIC		1,620 SF		X	
6TH FLOOR 3A		X		VAT & MASTIC		888 SF		X	
6TH FLOOR 3B		X		VAT & MASTIC		458 SF		X	
6TH FLOOR 3		X		VAT & MASTIC		340 SF		X	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5/3/19			

Inv# 11671
B & G proj. #: 2019-123

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

PAID

Check # 9352

Date of Notification (1) 06/11/2019		Name of Building Owner/Operator (2) Newton Public School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 57 Trinity Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860		
		Name of Contact Joseph VanKirk		
				Telephone Number 973-383-7392

FACILITY INFORMATION

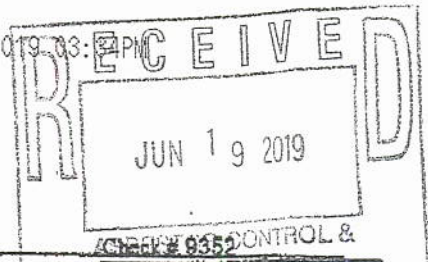
Name of facility where abatement is taking place (3) Halsted Street School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 59 Halsted Street			Square Feet # of Floors Bldg. Age		
City (5) Newton	County (6) Sussex	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. 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) 06/11/2019		Sched. Completion Date (11) 06/11/2019		Name of OSHA Monitor B & G Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: start work 4:00 pm			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						
Nurses office			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/12/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/10/2019



B & G proj. #: 2019-123

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

Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Newton Public School	
Agencies Notified	Type Notification	Street Address	DOE - 10 DAY TV WAIVER APPROVED Telephone Number 973-383-7392
<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	57 Trinity Street	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact Joseph VanKirk	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Halsted Street School (NON Sub B)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 59 Halsted Street			Square Feet	# of Floors
City (5) Newton	County (6) Sussex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973) 888-8889 License Number 00378	
Project Manager for Monitoring Firm Phone Number		Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035		
Scheduled Start Date (10) 06/11/2019		Sched. Completion Date (11) 06/11/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. <input checked="" type="checkbox"/> Other-Describe: start work 4:00 pm				

Scope of Work (check all that apply)

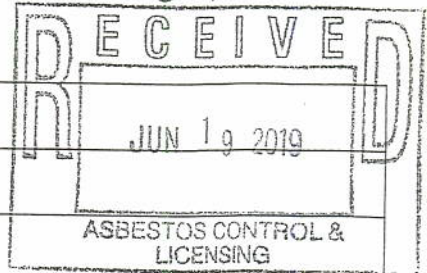
- ☐ Demolition
☒ Renovation
☒ >3 sf or >2 lf
☐ ≥150 sf or ≥250 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

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

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19583	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/12/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/10/2019

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

INV# 1205



CK 1350001736 PAID

Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) Richard Ryden	
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 Summit, NJ 07901	
		Name of Contact Richard Ryden	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Summit		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311
Start Date (10) 06/25/2019	Scheduled Completion Date (11) 06/26/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

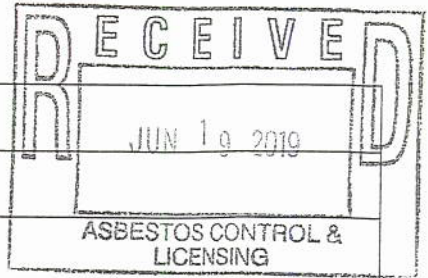
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central
City, State Wayne, NJ	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 06/13/2019

INV# 12053

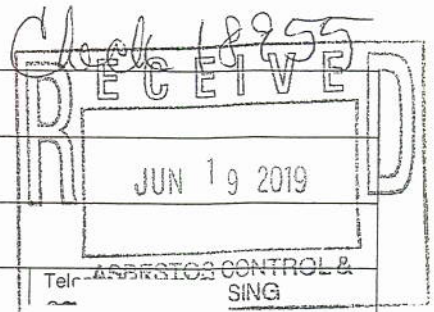
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) Peggy Gross							
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 Glen Ridge, NJ 07028							
		Name of Contact Kathy Kulik	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Glen Ridge		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 06/24/2019		Scheduled Completion Date (11) 06/25/2019	License No. 01311						
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 D&S Abatement, Inc.							
		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Insulation	180 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 06/13/2019		

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



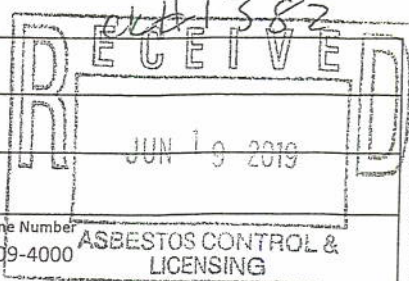
Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) Alan Waters							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Succasunna, NJ 078765							
		Name of Contact Alan Waters	Tel. [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 19000	# of Floors 2						
City (5) Succasunna		Bldg. Age 76							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/19/19	Scheduled Completion Date (11) 6/29/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>attic over garage</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			x	vermiculite	500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/10/19			

CK 1382

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

Inv # 12002



Date of Notification (1) 6/14/19		Name of Building Owner/Operator (2) Montclair Township Board of Education	
Agencies Notified	Type Notification	Street Address 22 Valley Rd	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Emidio D'Andrea	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 973-509-4000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Montclair High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 100 Chestnut Street			
City (5) Montclair, NJ 07042		Square Feet 100,000 SF	# of Floors 4
		Bldg. Age 55+	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 0012	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 300 Grand Ave		Street Address 32 Willow Way	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. (201) 569-6708	Telephone No. 973-333-9176
		License No. 01331	
Start Date (10) 7/04/19		Scheduled Completion Date (11) 7/24/19	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input 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
Stairway 11		X		Plaster	4,500 SF	X			
Stairway 8		X		Plaster	4,500 SF	X			

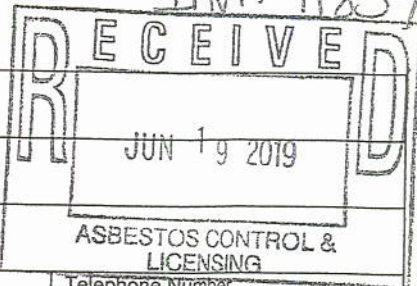
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60+	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA
Completed by Zhivko Nikolov	Title President	Signature 		Date 6/14/19

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

CK 7425 Inv# 11859

Print Form



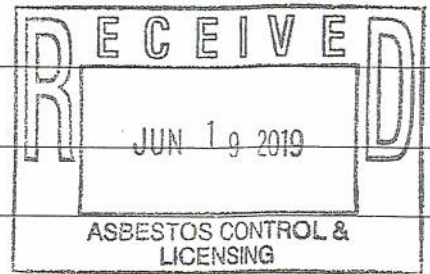
Date of Notification (1) 6/14/19		Name of Building Owner/Operator (2) George Duddy Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bellmawr NJ 08031							
		Name of Contact Jennifer	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Duddy Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2						
City (5) Bellmawr NJ 08031		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/15/19	Scheduled Completion Date (11) 6/16/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: WEEKEND WORK		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
						x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6.17.19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/14/19		

Inv #12063

UK5805

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



Date of Notification (1) 06 / 13 / 19		Name of Building Owner/Operator (2) Lawrence Township Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 2565 Princeton Pike	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Thomas Eldridge	Telephone Number 609-671-5420

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lawrence Middle School		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 2455 Princeton Pike			
City (5) Lawrenceville		Square Feet 80,000	# of Floors 2
		Bldg. Age 70	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 856-840-8800	License No. 00842
Start Date (10) 06 / 26 / 19	Scheduled Completion Date (11) 07 / 12 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and Pipe Fitting Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JC100A, RR100B, CR300, Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin Coat Wall and Ceiling Plaster	1,050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CR 300, Storage 300S, Toilet 300T	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JC 100A, Restroom 100B, Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and Pipe Fitting Insulation	50 LF	<input checked="" 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 07/12/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 6/13/19	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Restroom 200 and Corridor		X		Skin Coat Wall Plaster	200 SF	X

