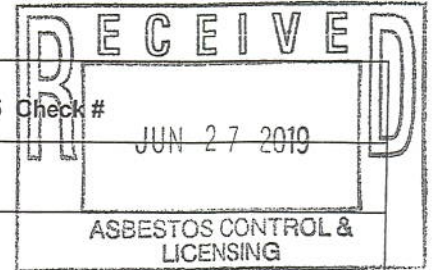


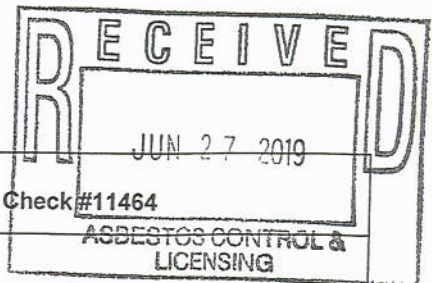
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255		Check # JUN 27 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3280 Peachtree Road, NW Suite 1400 City, State, Zip Code Atlanta, Georgia 30305					
Name of Contact John Devine				Telephone Number 856-262-1800					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Neale Farm Building #1				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 700 Mullica Hill Road				Square Feet # of Floors Bldg. Age					
City (5) Mullica Hill, NJ									
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code CHesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. 609-298-4070		License No. 00529					
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 7 / 31 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Ceiling Panels	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6-21-19			

TON #12307
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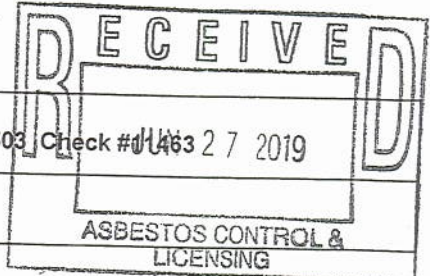
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 25 / 19		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179		Check # 11464					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 North 3rd Street City, State, Zip Code Millville, NJ 08332 Name of Contact Stephanie DeRose Telephone Number 856-327-6040					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millville Senior 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 200 North Wade Blvd.				Square Feet 200,000 # of Floors 2 Bldg. Age 50+					
City (5) Millville		County (6) Cumberland		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gary W. Fleming		Telephone No. 732-223-2225		License No. 00529					
Start Date (10) 7 / 10 / 19		Scheduled Completion Date (11) 7 / 31 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
B- Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gray caulk & fibrous caulk backer	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6-25-19			

INVOICE # 17308
K11463 PAID

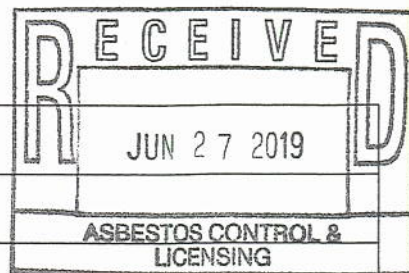
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) Salem Medical Center / Job #1906-5503		Check #11463 27 2019							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 310 Salem Woodstown Road City, State, Zip Code Mannington, NJ							
Name of Contact Frank Casper				Telephone Number 267-549-2099							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Salem 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 310 Salem Woodstown Road				Square Feet							
City (5) Mannington, NJ				# of Floors							
County (6) Salem				Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Medical Center									
Name of Monitoring Firm Hired by Building Owner (8) Bluestone Envirnmntal. Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 196 Beach Lake Highway		Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Honesdale, PA 18431		City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Jack Jenkins		Telephone No. 570-892-1075		Telephone No. 609-265-2107							
Start Date (10) 7 / 8 / 19		Scheduled Completion Date (11) 7 / 16 / 19		License No. 00529							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Name of OSHA Monitor EMSL Analytical							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
Throughout		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor tile & Mastic		1,200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/6/19		City, State Tullytown, PA							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6-21-19					

CH 2026

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



Date of Notification (1) 06-20-19 INV-10147		Name of Building Owner/Operator (2) DCR Development Corp.							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1214 Anderson Ave.							
		City, State, Zip Code Fort Lee, NJ 07204							
		Name of Contact Dave Lorenzo	Telephone Number (551) 486-0560						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Palisades Park		Square Feet	# 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) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 522 7th St.							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 06-21-19	Scheduled Completion Date (11) 06-24-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	240 LF	x			
1st Floor Entrance		x		Wall Plaster	150 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 06-25-19	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager	Signature 			Date 06-20-19			

CH 3372 INV-12094

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

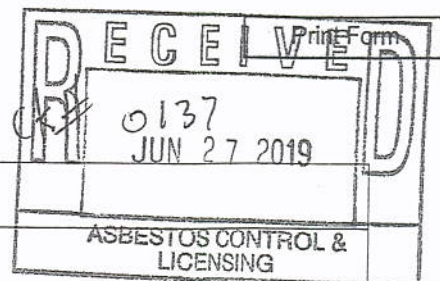
Print Form

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JUN 27 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code East Rutherford NJ 07073							
Name of Contact Father Joe Astarita		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 8,000							
City (5) East Rutherford		# of Floors 3							
County (6) Bergen		Bldg. Age 199							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465							
License No. 01316		Name of OSHA Monitor A. Seine Lighthouse Solutions							
Start Date (10) 06/10/2019		Scheduled Completion Date (11) 07/02/2019							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 354							
City, State, Zip Code South Orange, NJ 07079									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear of Church		X		9"x9" floor tile	475 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature [Signature]		Date 05/29/2019			

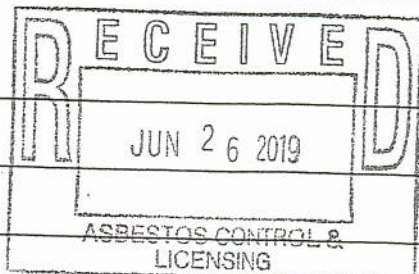


State of New Jersey
PAID
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

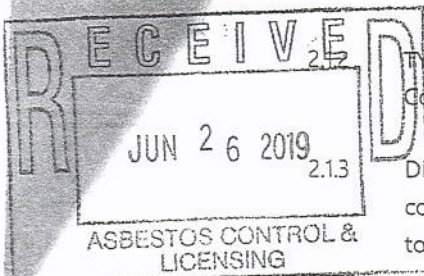
CHO137

Date of Notification (1) 6/11/2019		Name of Building Owner/Operator (2) Private property							
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 [REDACTED]		City, State, Zip Code Lodi NJ 07031							
Name of Contact Mark		Telephone Number							
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 [REDACTED]		Square Feet 1100 SF							
City (5) Lodi NJ 07031		# of Floors 1							
County (6) Bergen County		Bldg. Age +50							
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. N/A							
Street Address N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC							
City, State, Zip Code N/A		Street Address 1435 51st Street							
Project Manager for Monitoring Firm N/A		City, State, Zip Code North Bergen NJ 07047							
Telephone No.		Telephone No. 201-552-9685							
Start Date (10) 6/21/2019		License No. 01384							
Scheduled Completion Date (11) 6/25/2019		Name of OSHA Monitor Iris Environmental Laboratories							
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: 7:00 AM to 4:00 PM		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 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		City, State, Zip Code Union NJ 07803							
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	transite	1600SF	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 Rd Landfill			
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature <i>Galo Zumba</i>		Date 6/11/2019			

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



Date of Notification (1) 06/21/2019		Name of Building Owner/Operator (2) Tinton Falls School District							
Agencies Notified	Type Notification	Street Address 658 Tinton Ave.	City, State, Zip Code Tinton Falls, NJ 07724						
<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 #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Vin Daniels		Telephone Number 732-460-2406					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Swimming River Elementary School		Type of Facility (4)							
Street Address 220 Hance Ave		<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) Tinton Falls, NJ		Square Feet 12000	# of Floors 3						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS		ASCM No. 0057	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address PO Box 385		Street Address 135 Kinnelon Rd., Suite 102							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Kris Lis		Telephone No. 609-652-1833	Telephone No. 908-218-0880						
Start Date (10) 7/1/19		Scheduled Completion Date (11) 7/24/19	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 152 Route 206 South							
Scope of Work (Check All That Apply)		City, State, Zip Code Hillsborough, NJ 08844							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 311 & 309		x		VAT & Mastic	1440 SF	x			
Main Office & Nurses Suite/Art Room		x		VAT & Mastic	3251 SF	x			
Art Room		x		Pipe Thermal Ins	80 lf	x			
Rooms 333, 335, 337 & 339		x		VAT & Mastic	3136 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 50 CY	Name of Registered Landfill GROWS Fairless				
City, State Kinnelon, NJ		Disposal Date 7/25/19		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager		Signature <i>John Mucha</i>		Date 6-21-19			



TYPE OF REMOVAL: Asbestos removal work will be accomplished in an occupied building utilizing Full Containment abatement procedures.

DECON CHAMBER: A decontamination chamber will be erected in the areas indicated on the map and connected directly to each containment area. All decontamination chambers must be fully operational prior to any removal-taking place. All materials used must be fire rated.

2.1.4 OCCUPANT INFORMATION: All abatement work will be conducted under occupied conditions.

2.2 The approximate start/finish dates and times for this project will be as follows: The hours of work will be from 7:00 am until 3:00 pm. with start & completion dates of June 29, 2019 through July 24, 2019. Once established, the Contractor shall maintain sufficient personnel to ensure completion of the job within the allotted time frame. Note: The contractor shall start pre-demo work on June 29th for phase 1 and have all demo work complete and be ready to begin abatement prep work in phase 1 on July 1, 2019. Phase 1 will run approximately 7/1 – 7/6, Phase 2 will run approximately 7/8 – 7/16, and Phase 3 will run approximately 7/17 – 7/24. These dates are dependent upon general contractors pre-demo work in phases 2 and 3.

2.3 The following description indicates those areas where bulk sampling has detected the presence of asbestos. The descriptions are included as part of the request for information only and to indicate the general locations where contaminated materials are to be found. The Contractor is to verify actual quantities of asbestos containing materials to be removed and disposed of.

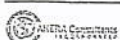
2.4 The scope of work under this contract includes but is not limited to the following:

Swimming River School
Address: 220 Hance Avenue

Summer 2019
Project Duration: 20 days

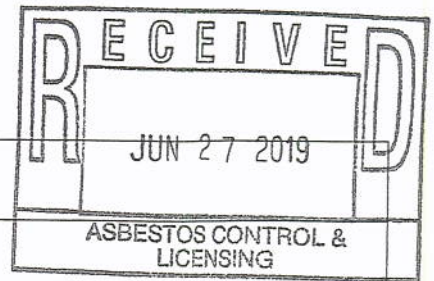
LOCATIONS (See Plans)	MATERIAL TO BE ABATED	AMOUNT	% TYPE	ABATEMENT METHOD
Classroom 311 and 309 (Phase 1 Work Area)	9 x 9 Floor Tiles & Mastic	1440 SF	3-5 % Chrysotile	Full Containment
Classroom 311 and 309 (Phase 1 Work Area)	Pipe Fittings / Pipe Insulation Suspected in Chase	TBD	5% Chrysotile	Full Containment
Main Office Suite (Phase 2 Work Area)	9 x 9 Floor Tiles & Mastic located under Carpet and 12 x 12 Tiles and Glue	1501 SF	3-5% Chrysotile	Full Containment
Nurses Suite (Phase 2 Work Area)	9 x 9 Floor Tiles & Mastic located under 12 x 12 Tiles and Glue	550 SF	3-5% Chrysotile	Full Containment
Art Room (Phase 2 Work Area)	9 x 9 Floor Tiles & Mastic	1200 SF	3-5% Chrysotile	Full Containment
Art Room (Phase 2 Work Area)	Aircell Pipe Insulation	80 LF	5% Chrysotile	Full Containment
Classrooms 333, 335, 337, 339 (Phase 3 Work Area)	9 x 9 Floor Tiles & Mastic	3136 SF	3-5% Chrysotile	Full Containment
Classrooms 333, 335, 337, 339 (Phase 3 Work Area)	Pipe Fittings / Pipe Insulation Suspected in Chase	TBD	5% Chrysotile	Full Containment
Room 341 / 343 Under Built In Cabinets (Phase 4 Non-Friable)	Possible 9 x 9 Tiles & Mastic are located under built in cabinetry	TBD	3 – 5% Chrysotile	Non-Friable NJDHSS Waiver

Table-1



1415-020LK

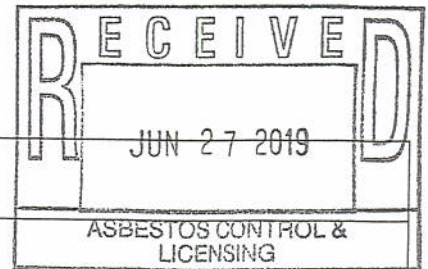
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 4 / 17 / 19		Name of Building Owner/Operator (2) Hampshire Venture Partners, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Maple Avenue							
		City, State, Zip Code Morristown NJ 07960							
		Name of Contact Donald J Engels	Telephone Number 973-292-9595						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER ELIZABETH ARMORY		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 1189 MAGNOLIA AVENUE									
City (5) ELIZABETH		Square Feet >50,000	# of Floors 2						
		Bldg. Age 107							
County (6) UNION COUNTY	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 700 TURNER WAY SUITE 105		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm		Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 5 / 01 / 19	Scheduled Completion Date (11) 8 / 16 / 19	Name of OSHA Monitor CRITERION LABS							
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-4PM/ PM- AM		Street Address 400 STREET ROAD							
		City, State, Zip Code BENSALEM PA 19120							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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
VAULT HALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION AND SEALANT	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ROOF FLATS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	650	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPEN OFFICE 1 ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" FLOOR TILE	3000 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		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature <i>Christine DelViscio</i>			Date 6-25-2019		

1370-AB CH

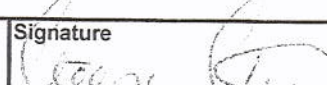
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



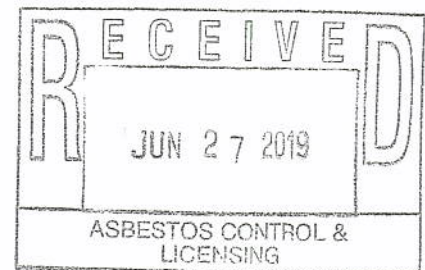
Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) Millennial Partners LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		City (5) Camden							
County (6) Camden	County Code (7) (STATE USE ONLY)	Square Feet 90,000	# of Floors 7						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 515 Grove Street, Suite 1B		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875	License No. 00783						
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>8</u> / <u>30</u> / <u>19</u>	Name of OSHA Monitor Criterion Labs							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4</u> PM/____PM-____AM		Street Address 400 Street Road City, State, Zip Code Bensalem Pa 19020							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 st Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>		Date 6/25/2019				

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

Sheet # 0122

Date of Notification (1) 05 / 20 / 19		Name of Building Owner / Operator (2) STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 CASTLE POINT ON HUDSON		City, State, Zip Code HOBOKEN, NJ 07030	
Name of Contact ROBERT MAFFIA		Telephone Number 201-216-3542	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY HAYDEN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 1 CASTLE POINT ON HUDSON		Square Feet 75,000	
City (5) HOBOKEN	County (6) HUDSON	County Code (7)	# Of Floors 3
Current Use (Prior if being demolished) DORM		Building Age 40+	
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL		ASCM NO	
Street Address 1600 Route 22 East		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC	
City, State, Zip Code Union, NJ 07038-1597		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE NEHLSEN		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-688-7800		Telephone Number 973-884-8682	
Sched. Start Date (10) 06 / 05 / 19		Sched. Completion Date (11) 08 / 30 / 19	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8:00AM-6:00PM MON-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <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) 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)
4TH FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	460 LF
4TH FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	MIRROR MASTIC	25 SF
4TH FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	5,600 SF
3RD FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	410 LF
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste
City, State EAST HANOVER, NJ		Name of Registered Landfill FAIRLESS LANDFILL	
		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature 
			Date 06/25/19

Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A		R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,785 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	330 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	90 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW CAULK	2,450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COPING CAULK	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING/TAR	645 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ELECTRICAL WIRE	180 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"/>



CH00059719

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

Print Form

R	E C E I V E D	D
	JUN 27 2019	

Date of Notification (1) 06/24/2019 <i>INV-10291</i>		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey		ASBESTOS CONTROL & LICENSING	
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			
		City, State, Zip Code Newark, NJ 07114			
		Name of Contact Michael DaCosta		Telephone Number 973-961-6390	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Newark Airport			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 350 Scargo Earhart Drive			Square Feet N/A	# of Floors N/A	Bldg. Age 35+
City (5) Newark					
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Underground Piping		
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company		
Street Address 26 Columbia Turnpike		Street Address 2217 Spillman Drive			
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Bethlehem, PA 18015			
Project Manager for Monitoring Firm _____		Telephone No. 973-240-1800	Telephone No. 610-691-1800	License No. 00721	
Start Date (10) 07/08/2019		Scheduled Completion Date (11) 08/02/2019		Name of OSHA Monitor Brandenburg	
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: <u>Piping is subsurface outdoors</u>			Street Address 2217 Spillman Drive		
			City, State, Zip Code Bethlehem PA 18015		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Underground Piping			X	Transite Pipe	500 LF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 60	Name of Registered Landfill Conestoga Landfill	
City, State Bethlehem, PA		Disposal Date 7/8/19-8/10/19		City, State Morgantown, PA	
Completed by Stephen Carne		Title Environmental Manager	Signature <i>[Signature]</i>		Date 06/24/2019

CK 2186

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

Print Form
JUN 27 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/24/19 INV-12034		Name of Building Owner/Operator (2) Scott Weiner							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Harrington Park, NJ 07640 Name of Contact Scott Weiner							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>		Square Feet 2600 # of Floors 2 Bldg. Age 65 +/-							
City (5) Harrington Park		Current Use (Prior if being demolished) Residential Home							
County (6) Bergen		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184 License No. 01305							
Start Date (10) 6/26/19		Scheduled Completion Date (11) 6/30/19							
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 A.M to 4 P.M.		Name of OSHA Monitor							
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		Street Address 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) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> </table>	Yes	No	N/A		x		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							
	x								
Basement		VAT	293 SF						
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592							
City, State Saddle Brook, NJ		Cubic Yards of Waste 3 yd							
Completed by Richard Cristofol		Name of Registered Landfill Grand Central Sanitary Landfill							
Title President		Disposal Date TBD							
Signature 		City, State Pen Argyl, PA							
		Date 6/24/19							

INV-12590
B & G proj. #: 2019-144

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

Check # 9384

Date of Notification (1) 06/12/19		Name of Building Owner/Operator (2) South Plainfield School District		RECEIVED JUN 27 2019 ASBESTOS CONTROL & LICENSING
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 125 Jackson Avenue		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code South Plainfield, NJ 07080		
		Name of Contact Thomas Wiggins		
		Telephone Number 908-217-2394		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) South Plainfield High School (non sub-chapter 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 200 Lake Street			Square Feet # of Floors Bldg. Age		
City (5) South Plainfield, NJ	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) high school		

Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services Inc.		ASCM No. 00120	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 280 Huyler Street			Street Address 105 Ryerson Road	
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Stan Blackman		Phone Number 201-489-8700	Telephone Number (973)696-6869	License Number 00378

Scheduled Start Date (10) 07/05/2019	Sched. Completion Date (11) 07/09/2019	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road
		City, State, Zip Code Lincoln Park, NJ 07035

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<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 type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable procedure	

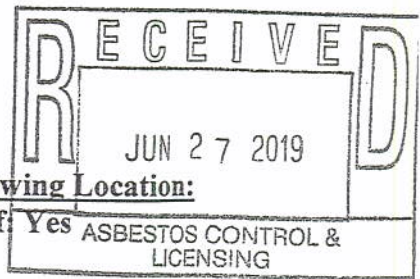
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Library			<input checked="" type="checkbox"/>	VAT (no mastic)	3,500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 35	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 07/09/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/24/2019

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

Print Form
RECEIVED
JUN 27 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/17/2019 <i>Inv - 12789</i>		Name of Building Owner/Operator (2) County of Essex	
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 Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Bloomfield Avenue City, State, Zip Code Verona, NJ Name of Contact Mr. Sanjeev Varghese Telephone Number 973-226-8500	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Veterans Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 465-479 Dr. Martin Luther King Jr. Blvd.		Square Feet 240,000	# of Floors 12
City (5) Newark		Bldg. Age 80	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald		ASCM No. 00140	
Street Address 111 Wood Avenue South		Name of Abatement Contractor (9) DIA General Construction, Inc.	
City, State, Zip Code Iselin, NJ 08830		Street Address 1360 Clifton Ave., PMB Suite 218	
Project Manager for Monitoring Firm Kevin Herrighty		City, State, Zip Code Clifton, NJ 07012	
Telephone No. 973-379-3400		Telephone No. 973-389-0089	
License No. 00693		Current Use (Prior if being demolished) Courthouse	
Start Date (10) 06/05/2019		Scheduled Completion Date (11) 07/28/2019	
Name of OSHA Monitor DIA General Construction, Inc.		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>4:00 PM - 12:00 AM</u>	
Street Address 1360 Clifton Ave., PMB Suite 218		City, State, Zip Code Clifton, NJ 07012	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	
SEE ATTACHED			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	
Cubic Yards of Waste 90		Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 07/28/2019	
City, State Waynesburg, OH 44688		Signature 	
Completed by Krutarth Jagad		Date 06/19/2019	



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

Note: Is location normally used solely by maintenance/custodial staff?
Veterans Courthouse
465 – 479 Dr. Martin Luther King Jr. Blvd.
Newark, NJ

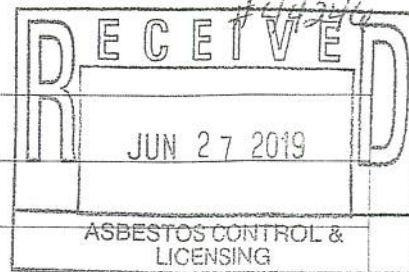
Yes ASBESTOS CONTROL & LICENSING

Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North End Lawyer's Conference Room	Non-ACM ceiling tiles	225 SF
North End Jury Room 1	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
North End Jury Room 2	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
North End Corridor	Non-ACM ceiling tiles	785 SF
North End Law Library	Non-ACM ceiling tiles	324 SF
North End Secretary Office 1	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
North End Secretary Office 2	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Jury Room 1	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
South End Jury Room 2	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
South End Corridor	Non-ACM ceiling tiles	785 SF
South End Law Library	Non-ACM ceiling tiles	324 SF
South End Secretary Office 1	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Secretary Office 2	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
11 th Floor	ACM Fireproofing on deck and beams	1,750 SF

INV-12588
CH44246

Print Form

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



Date of Notification (1) 6/24/19		Name of Building Owner/Operator (2) The Church of the Devine Mercy							
Agencies Notified	Type Notification	Street Address 233 Adeline Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08611							
		Name of Contact Msgr. Thomas Gervasio	Telephone Number 609-393-4826						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Foundation Collegiate Academy		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 22 Grand Street		Square Feet 24,000	# of Floors 3						
City (5) Trenton, NJ 08611		Bldg. Age 100 Years							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational/Religious Center							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. 0021	Name of Abatement Contractor (9) Associated Specialty Contracting						
Street Address 22 N. Pennell Road		Street Address 98 Lacrue Ave, Suite 110							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Glen Mills, PA 19342							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	Telephone No. 610-364-9622						
License No. 01103									
Start Date (10) 6/21/19	Scheduled Completion Date (11) 8/31/19	Name of OSHA Monitor Associated Specialty Contracting							
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 98 Lacrue Ave							
		City, State, Zip Code Glen Mills, PA 19342							
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 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
3rd floor music room Transite			x	Transite Panels	1900 sf	x			
basement			x	pipe fittings wrap and cut	50ca	x			
Basement			x	VAT	300sf	x			
Name of Registered Waste Hauler Mercer Group International		NJ DEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Tulleytown Resources Recovery Landfill					
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637			Disposal Date As Required	City, State Tulleytown, PA					
Completed by Jack Tomasura		Title Sr. Estimator	Signature <i>Jack Tomasura</i>	Date 6/24/19					