

Date of Notification (1)

06/19/19

Name of Building Owner/Operator (2)

Manville Public Schools

Street Address

1100 Brooks Boulevard

City, State, Zip Code

Manville, NJ 08835

Name of Contact

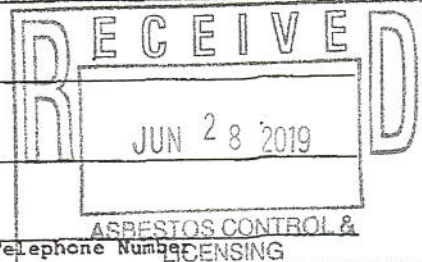
Kimberly A. Clelland

Telephone Number

(908)231-8500 x.8503

Agencies Notified

Type Notification

☒ EPA☒ DEP☒ DOL☒ DOH☒ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Alexander Batcho Intermediate School

Street Address

100 N. 13th Avenue

City (5)

Manville, NJ 08835

County (6)

Somerset

County Code (7)
(STATE USE ONLY)

00110

Type of Facility (4)

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

Square Feet

20000

of Floors

2

Bldg. Age

50

Current Use (Prior if being demolished)

School

Name of Monitoring Firm Hired by Building Owner (8)

Whitman Companies, Inc.
Street Address

7 Pleasant Hill Rd.

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Telephone Number

Kevin Lovely

732-390-5858

Scheduled Start Date (10)

Sched. Completion Date (11)

07/08/19

07/19/19

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: Occupied

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

☐ Demolition☐ >3 sf or >3 lf☒ >160 sf or >260 lf☒ Renovation☒ 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 Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
Boiler Room	<input checked="" type="checkbox"/>	Breath Insulation	50 SF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>	Boiler Insulation and Gaskets	300 SF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>	Firebrick and Mortar	100 SF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>	Pipe Insulation including Elbows	50 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

4509

Cubic Yards of Waste

Name of Registered Landfill

Grand Central Sanitary Landfill

Newark Carting, Co.
City, State

Disposal Date

City, State

Newark, NJ

Pan Argy PA 18072

Completed By (Print or Type)

Title

Signature

Date

Bilyana Kulakovska

Office Administrator

6/19/19

Date of Notification (1) <u>0</u> / <u>6</u> / <u>1</u> <u>9</u> / <u>1</u> <u>9</u>		Name of Building Owner/Operator (2) Manville Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 28 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 1100 Brooks Boulevard		
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Manville, NJ 08835		
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kimberly A. Clelland		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (908)231-8500 x.8503		
<input checked="" type="checkbox"/> DOH				
<input checked="" type="checkbox"/> DCA				

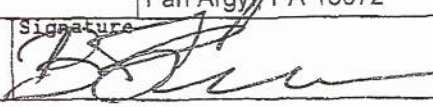
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Alexander Batcho Intermediate School			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 100 N. 13th Avenue			Square Feet 20000		
City (5) Manville, NJ 08835			# of Floors 2		
County (6) Somerset			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) Whitman Companies, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00110			Street Address 180 Sargeant Avenue		
7 Pleasant Hill Rd.			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Cranbury, NJ 08512			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Kevin Lovely			License Number 00807		
Telephone Number 732-390-5858			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 07/08/19			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 07/19/19			City, State, Zip Code Clifton, NJ 07013		
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: Occupied					

Scope of Work (Check all that apply)

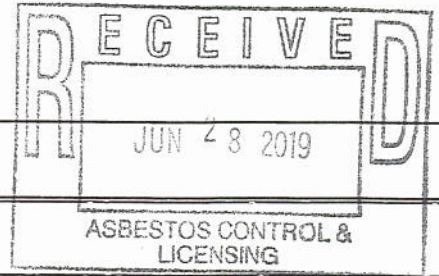
☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Boiler Room	<input checked="" type="checkbox"/>	Breech Insulation	50 SF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Boiler Insulation and Gaskets	300 SF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Firebrick and Mortar	100 SF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Pipe Insulation including Elbows	50 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date		City, State Pan Argy PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
Date 6/19/19					

INV# 12328

Proj. #: 19-127

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)Date of Notification (1)
10/6/12 10/11/19

Name of Building Owner/Operator (2)

Sebastian Alvarez

Street Address

City, State, Zip Code

Piscataway, NJ 08854

Name of Contact

Sebastian Alvarez

Telephone Number

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)

Residential

Street Address

City (5)

Piscataway, NJ 08854

County (6)

Middlesex

County Code (7)
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial
Bldgs./Homes, etc.)Square Feet
1,300# of Floors
01Bldg. Age
60Current Use (Prior if being demolished)
Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

07/05/19

Sched. Completion Date (11)

07/12/2019

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-
Describe: _____☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☐ >3 sf or >3 lf☒ Renovation☒ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation 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)Amount
(Specify SF or
LF)R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

Attic

☐☒☐

Vermiculate

900 SF

☒☐☐☐Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
038241Cubic Yards of Waste
4 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
Hopatcong, NJ 07843Disposal Date
TBDCity, State
TULLYTOWN, PACompleted by (Print or Type)
Paige BoylanTitle
Owner

Signature

Date
06/20/19

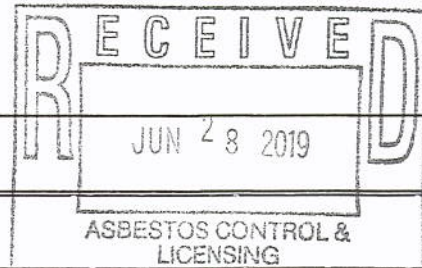
INV #12330

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

Proj. #: 19-129

CK1035

PAID



Date of Notification (1) 06/12/2019		Name of Building Owner/Operator (2) Nick Hodgins	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Pompton Plains, NJ 07442	
		Name of Contact Nick Hodgins	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200		
City (5) Pompton Plains, NJ 07442			County (6) Morris	County Code (7) (State use only)	Bldg. Age 70
			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address			Street Address 309 W. End Ave	
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007
Start Date (10) 07/08/19		Sched. Completion Date (11) 07/19/2019	Name of OSHA Monitor KLOMAX, 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: NORMAL HOURS			Street Address 309 W. End Ave	
			City, State, Zip Code Hopatcong, NJ 07843	

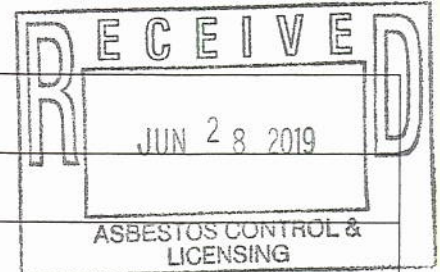
Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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) 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						
Attic		<input checked="" type="checkbox"/>		Vermiculite	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

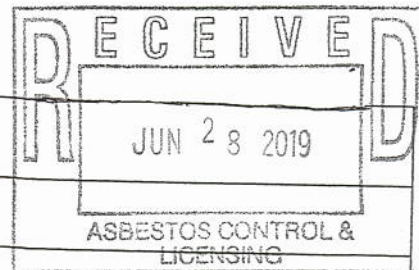
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 06/20/19

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



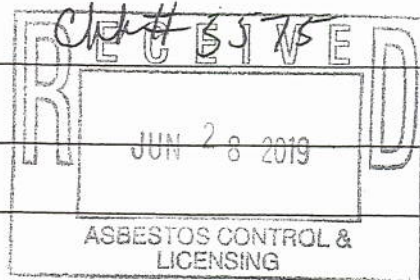
Date of Notification (1) 5 / 28 / 19		Name of Building Owner/Operator (2) Montclair Police Headquarters							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-6/21/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 637 Bloomfield Ave							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact N/A	Telephone Number N/A						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Police Headquarters		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 637 Bloomfield Ave		Square Feet +30,000	# of Floors 4						
City (5) Montclair		Bldg. Age +100							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Township Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 6 / 10 / 19	Scheduled Completion Date (11) ON HOLD	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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Detectives Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer VAT/Mastic	985 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer VAT/Mastic	120 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 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 / jcl</i>			Date 6/21/19			

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



Date of Notification (1) 5 / 28 / 19		Name of Building Owner/Operator (2) Montclair Police Headquarters							
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 #1-6/6/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 637 Bloomfield Ave							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact N/A	Telephone Number N/A						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Police Headquarters		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 637 Bloomfield Ave		Square Feet +-30,000	# of Floors 4						
City (5) Montclair		Bldg. Age +-100							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Township Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rollie Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509						
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 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Detectives Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer VAT/Mastic	985 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer VAT/Mastic	120 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 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 /jk	Date 6-6-19						

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



Date of Notification (1) <u>5</u> / <u>28</u> / <u>19</u>		Name of Building Owner/Operator (2) Montclair Police Headquarters							
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 637 Bloomfield Ave City, State, Zip Code Montclair, NJ 07042 Name of Contact N/A Telephone Number N/A							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Police Headquarters		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 637 Bloomfield Ave		Square Feet +30,000							
City (5) Montclair		# of Floors 4	Bldg. Age +100						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Township Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) <u>6</u> / <u>10</u> / <u>19</u>	Scheduled Completion Date (11) <u>6-7</u> / <u>12-21</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>7 am - 330 pm</u>		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Detectives Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic/Linoleum	985 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic/Linoleum	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double Layer VAT/Mastic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 / gxe</i>		Date 5-28-19			

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

RECEIVED
JUN 28 2019
ASBESTOS CONTROL & LICENSING

NOCK
Date of Notification (1)
5/30/19

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

- Type Notification
- ☐ Initial
 - ☒ Amended-#3-6/21/19
 - ☐ Emergency
 - ☐ Cancellation

Name of Building Owner / Operator (2)
Rider University
Street Address
2083 Lawrenceville Road
City, State & Zip Code
Lawrenceville, NJ 08648
Name of Contact
Walter Eddy

Telephone Number
609-896-7781

Name of Facility Where Abatement is Taking Place (3)
Rider University - Fine Arts

FACILITY INFORMATION

Street Address
2083 Lawrenceville Road

City (5)
Lawrenceville

County (6)
Mercer

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates

Street Address
515 Grove Street, Suite B

City, State & Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Brian Clark

Scheduled Start Date (10)
6/10/19

Scheduled Completion Date (11)
6/22/19

Telephone Number
856-656-2944

ASCM No.

Type of Facility (4)

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

Square Feet
30,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
Dormitory

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215) 788-6040

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

- Occupancy Status During Abatement (Check only one)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
 - ☐ Abatement Performed Outside of Normal Hours - 7am to 3pm
 - ☒ Describe: **6:00 AM to 2:30 PM**
 - ☒ Facility Occupied During Abatement

Scope of Work (Check all that apply)

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

- ☒ Renovation
- ☐ Demolition

- ☒ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glove Bag Procedures
- ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
in Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

Yes	No	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Clean Up	Enclosure
<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 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"/>

Spray On Fireproofing
Floor Tile
Mastic
Glue Dots

1,800 SF
2,100 SF
2,100 SF
300 SF

Registered Waste Hauler

Ansport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
15 Cu Yd

Name of Registered Landfill
Fairless Landfill

City, State
Fairless Hills, PA

Disposal Date
6/21/19

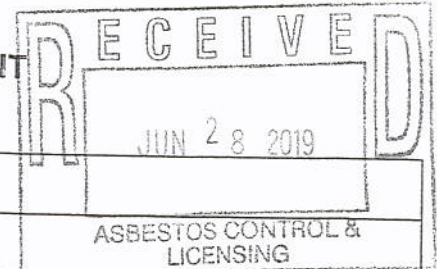
Signature
[Signature]

Date

Title
Project Manager

Print or Type)
GI 1911

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	
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			County (6) Mercer		County Code (7)
			# of Floors 3		
			Bldg. Age 40+		
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		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: 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)

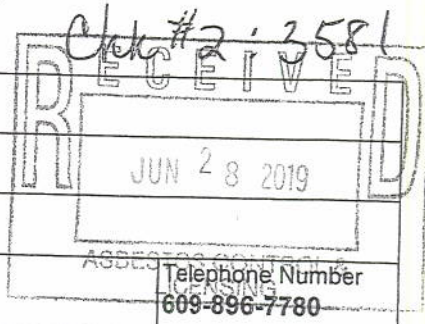
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 VOORHIES, 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)



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	Bldg. Age 40+
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Dormitory		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 515 Grove Street, Suite B		Street Address 1123 Beaver Street			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-656-2944	Telephone Number (215) 788-6040	License Number 00509	
Scheduled Start Date (10) 6/10/19	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"/> 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"/>

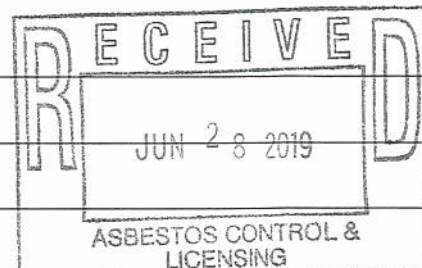
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Yardley, PA		Disposal Date 6/21/19	City, State Fairless Hills, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/4/19

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							
Agencies Notified <input checked="" type="checkbox"/> EPA 5241 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 53210 <input checked="" type="checkbox"/> DOH 5258 <input checked="" type="checkbox"/> DCA 5346	Type Notification		Street Address						
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		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	# 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) 6/17/19	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>				Date 5/30/19		

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



Date of Notification (1) 06/21/19		Name of Building Owner/Operator (2) Keiren Fox	
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lambertville	
		Name of Contact Keiren Fox	
		Telephone Number	

FACILITY INFORMATION

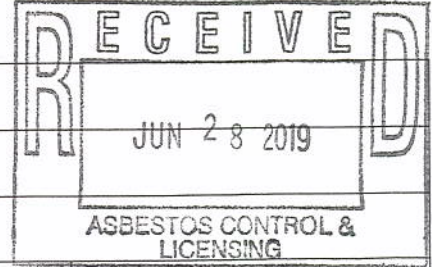
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Lambertville		Square Feet 2000	# of Floors 2
		Bldg. Age 100+	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8) Eagle IHA Inc		ASCM No.	
		Name of Abatement Contractor (9) ELCON Environmental Inc	
Street Address 359 Dresher Road		Street Address 150 Glenwood Dr	
City, State, Zip Code Horsham, PA 19044		City, State, Zip Code Washington Crossing, PA 18977	
Project Manager for Monitoring Firm Mark Hays		Telephone No. 215-672-6088	License No. 01225
Start Date (10) 6/19/2019	6/26/19	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 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/crawlspaces			x	Pipe insulation	180	x			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Dover, DE		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Andre Gosek		Title Project manager	Signature <i>Andre Gosek</i>		Date 06/21/2019

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

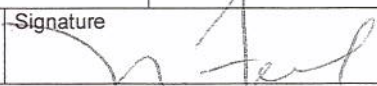


Date of Notification (1) 06/17/2019		Name of Building Owner/Operator (2) Kathleen Sullivan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Kathleen Sullivan	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 [REDACTED]		Square Feet	# of Floors						
City (5) Morristown, NJ 07960		Bldg. Age							
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 07/06/2019	Scheduled Completion Date (11) 07/28/2019	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		285 VAT	SF	X			
Den and bathroom		X		92 VAT	SF	X			
Garage		X		81 thermal systems insulation	SF	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 Clifton NJ 07011			Disposal Date	City, State Morrisville, PA 19067					
Completed by Darko Raloski		Title Project Manager		Signature [Signature]		Date 06/17/2019			

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



Date of Notification (1) 06 / 24 / 19		Name of Building Owner/Operator (2) Pennsauken Twp. 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1695 Hylton Road		City, State, Zip Code Pennsauken, NJ 08110							
Name of Contact Frank Warwick		Telephone Number 856-662-8505 X6521							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsauken 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 800 Hylton Road									
City (5) Pennsauken		Square Feet 50,000	# of Floors 2						
County (6) Camden		County Code (7)(STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc		ASCM No.	Current Use (Prior if being demolished) School						
Street Address 10 Friends Lane, Suite 100		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code Newtown, PA 08940		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm David Hilinski		Telephone No. 908-635-4069	City, State, Zip Code Toms River, New Jersey 08755						
Start Date (10) 06 / 25 / 19		Scheduled Completion Date (11) 06 / 26 / 19	Telephone No. 732-349-9932						
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		License No. 00624							
Name of OSHA Monitor E.M.S.L. Analytical									
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 1056 Stelton							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Piscataway, New Jersey 08854							
<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
Room 417	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite panels	20 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 1	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 06/26/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/24/19			

Jun 24 2019 04:06PM NJ Asbestos Control 609.633.0664

page 1

06/24/2019 11:54AM 2013297440

BEST REMOVAL INC

PAGE 02/04

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Inv# 10233

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

DOL - 10 DAY

JUL 28 2019

Date of Notification (1) 6/24/19		Name of Building Owner/Operator (2) JOHN SHAFFER				
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code SUMMIT, NJ, 07961				
		Name of Contractor MR. FRANCIS	Telephone Number 9			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) JOHN SHAFFER		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]		Squares Feet 6000				
City (5) SUMMIT		# of Floors 2	Year Bldg. Age 1984			
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE				
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) 6/25/19		Scheduled Completion Date (11) 6/26/19				
Occupancy Status During Abatement (Check only) (14) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 6:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental				
		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 or more <input type="checkbox"/> 1 or 2		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Fixable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) Garage	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No NA	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, pipe/wire, VAT, or other miscellaneous) THermal SURFACING	Amount (Specify SF or LF) 65 SF	Abatement Type		
				Removal	Repair	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/100	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 6/26/19	City, State NEW BURGESS, PA 17240			
Completed by J. Maiorano	TES Estimator	Signature J. Maiorano	Date 6/24/19			

A55-61

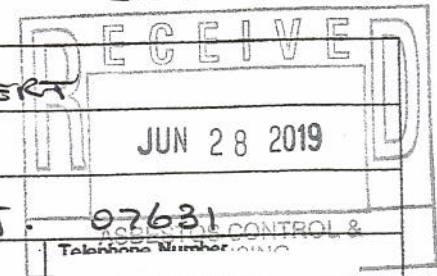
* Do not use this form for asbestos removal or encapsulation activities.

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

Inv# 12337

CK 5142



Date of Notification (1) 6/25/19		Name of Building Owner/Operator (2) MR KENNETH ALBERT				
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code ENGLEWOOD NJ 07631 Name of Contact MR ALBERT				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR ALBERT		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 2200	# of Floors 2			
City (5) ENGLEWOOD		Bldg. Age 1945				
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)		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) 7/9/19	Scheduled Completion Date (11) 7/10/19	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 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) 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) THERMAL SURFACING	Amount (Specify SF or LF) 48 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 307	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 7/10/19	City, State NEW BURG, PA 17240			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 6/25/19		

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State of New Jersey

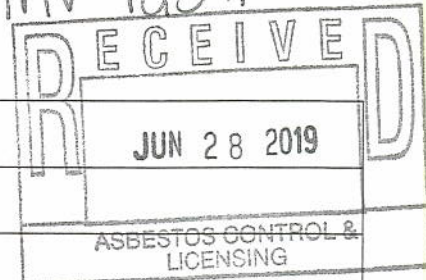
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Inv# 1234

Print Form

Check No 8358

Date of Notification (1) 06/26/19		Name of Building Owner/Operator (2) Kuschner	
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 New York, NY 10103	
		Name of Contact Christopher Masse	Telephone Number [REDACTED]



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]			
City (5) Perth Amboy		Square Feet	# of Floors
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY) 08861		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	License No. 1200
Start Date (10) 07/07/19	Scheduled Completion Date (11) 07/10/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<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 1ST FLOOR				FLOOR TILE & MASTIC	512SF	x			
				TSI	100LF				
				DUCT INSULATION	20LF				
INTERIOR 2ND FLOOR				TILE	875SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 7	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 07/10/19	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/26/19			

Inv# 12348
OK 6/27/19

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

Print Form

RECEIVED

JUN 28 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/27/19		Name of Building Owner/Operator (2) Alpha Metals	
Agencies Notified	Type Notification	Street Address 245 Freight Street	ASBESTOS CONTROL & LICENSING
<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 Waterbury, CT 06702	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard A. Nave	
		Telephone Number 203-575-5747	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cookson Alpha		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 600 Route 440		Square Feet 150,000	# of Floors 2
City (5) Jersey City		Bldg. Age 60+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Light industrial vacant	
Name of Monitoring Firm Hired by Building Owner (8) ACER		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 1012 Industrial Drive		Street Address 303 B National Road	
City, State, Zip Code West Berlin, NJ		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm Matt DePalma		Telephone No. 856-809-1202	License No. 01161
Start Date (10) 7/2/19	Scheduled Completion Date (11) 8/3/19	Name of OSHA Monitor EMSL	
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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

<input checked="" 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
Spooling exterior			X	Transite siding	800 SF	X			
Production exterior			X	Transite siding	475 SF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills	
City, State Newark, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Jack Bally	Title Sr. Project Manager	Signature <i>Jack Bally</i>	Date 6/27/19		

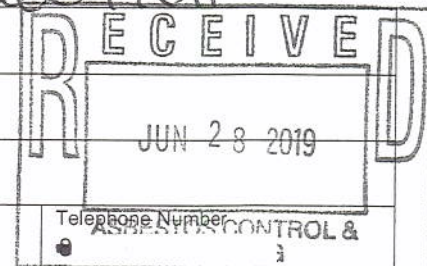
JN #12255

CK 19011

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

Check 19011

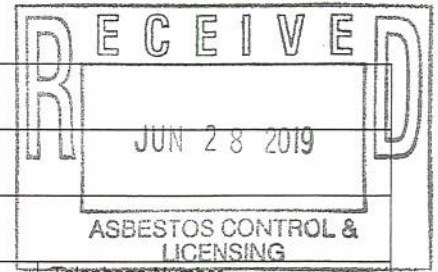


Date of Notification (1) 6/25/19		Name of Building Owner/Operator (2) Alexandra Garrabrant							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington NJ 08822							
		Name of Contact Rhea Nash	Telephone Number [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 1800	# of Floors 2						
City (5) Flemington		Bldg. Age 68							
County (6) Hunterdon	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) 7/7/19	Scheduled Completion Date (11) 7/21/19	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>basement</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
basement			x	floor tile	1016 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ			Disposal Date TBD	City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/25/19			

JN # 12349 PAID

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

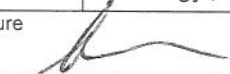
Check # 25906



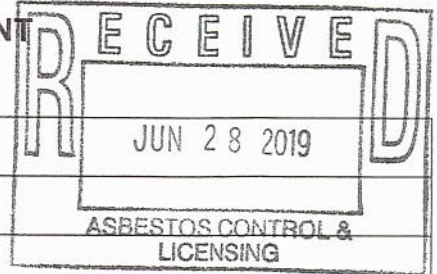
Date of Notification (1) 6/20/2019		Name of Building Owner/Operator (2) Princeton Properties							
Agencies Notified	Type Notification	Street Address 51 Maple Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Mark	Telephone Number (609) 903-4911						
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 [REDACTED]		Square Feet 2500	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 80 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		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) 7/8/2019	Scheduled Completion Date (11) 7/12/2019	Name of OSHA Monitor MECS							
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 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Thermal Pipe Insulation	90 lf	X			
Basement		X		Thermal Pipe Insulation	130 lf	X			
Basement		X		VAT	140 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 7/15/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 6/27/2019					

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

Inv# 12340 PAID
Check 18005

Date of Notification (1) 6/25/19		Name of Building Owner/Operator (2) Tobar Excavating		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 28 2019 973-332-3024 CONTROL & LICENSING </div>							
Agencies Notified		Type Notification						Street Address 385 High Street			
<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 Norwood, NJ 07648			
								Name of Contact Thomas Locovare			
<div style="text-align: center;">FACILITY INFORMATION</div>											
Name of Facility Where Abatement is Taking Place (3) Richfield Village Apartments				Type of Facility (4)							
Street Address 36 Bruan Place				<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				Square Feet 1000		# of Floors 1					
County (6) Passaic				County Code (7) (STATE USE ONLY) _____		Bldg. Age 70					
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.		License No.					
				973-764-2276		703					
Start Date (10) 7/15/19		Scheduled Completion Date (11) 8/1/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)				Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>				City, State, Zip Code							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf											
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition											
<input 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
stand alone boiler room basement				x	pipe insulation		50 LF	x			
				x	breaching		80 SF	x			
				x	exterior insulation/boilers		260 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 6/25/19			

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



Date of Notification (1) 6/4/19		Name of Building Owner / Operator (2) East Amwell Township School District	
Agencies Notified	Type Notification	Street Address 43 Wertsville Road	
<input 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 checked="" type="checkbox"/> Amended R#1-6/24/10 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Ringoes, NJ 08551	
Name of Contact Edward Stoloski			Telephone Number 908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Amwell 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 43 Wertsville Road			Square Feet # of Floors Bldg. Age		
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street			
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) ON HOLD		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 Hours – Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

<input 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 ≥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) <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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope/Packing	110 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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 7/9/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/24/19

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

Chw #3582

Date of Notification (1) 6/4/19		Name of Building Owner / Operator (2) East Amwell Township School District		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">JUN 28 2019</div>
Agencies Notified	Type Notification	Street Address 43 Wertsville Road		
<input type="checkbox"/> EPA 5302 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH 5296 <input checked="" type="checkbox"/> DCA 5289	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Ringoes, NJ 08551		
		Name of Contact Edward Stoloski		
		ASBESTOS LICEN		Telephone Number 908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Amwell 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 43 Wertsville Road			Square Feet		
City (5) Ringoes		County (6) Hunterdon	County Code (7)		# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			ASCM No.		
Street Address 56 East Bridge Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Morrisville, PA 19067			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Richard Beach			Telephone Number 267-991-9212		License Number 00509
Scheduled Start Date (10) 6/24/19		Scheduled Completion Date (11) 7/9/19		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 Hours – Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

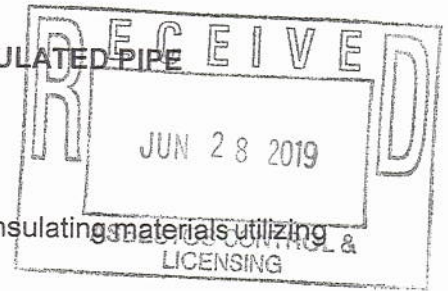
Scope of Work (Check all that apply)

<input 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 ≥ 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	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope/Packing	110 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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 7/9/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/4/19

"WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE



DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism.

The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors

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

Inv # 12350 PAID

CK 5141

Date of Notification (1) 6/24/19		Name of Building Owner/Operator (2) MS. TELESSA PIERRE		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 28 2019 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & Hazardous Waste </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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLEWOOD, NJ 07040			
		Name of Contact MS. PIERRE		Telephone Number	

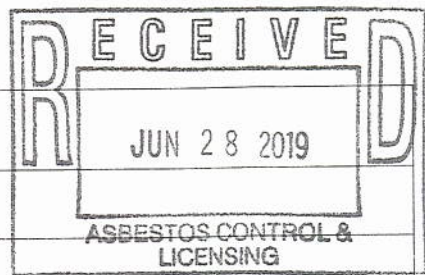
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. PIERRE			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) MAPLEWOOD			Square Feet 1800	# of Floors 2	Bldg. Age 1940
County (6) ESSEX		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)	
Street Address				Best Removal Inc	
City, State, Zip Code				450 South River St	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code	
		201-329-7444		Hackensack, N.J. 07601	
Start Date (10) 7/8/19		Scheduled Completion Date (11) 7/9/19		Name of OSHA Monitor Omega Environmental	
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:				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)			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 checked="" type="checkbox"/>	THERMAL SYSTEMS INSULATION	60 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 11/20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State Hackensack, N.J. 07601				Disposal Date 7/9/19	City, State NEW BURG, PA. 17240	
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 6/24/19

Inv #5831
OK 5831 PAID

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



Date of Notification (1) 06 / 24 / 19		Name of Building Owner/Operator (2) Damian Garrett	
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 Voorhees, NJ 08043	
		Name of Contact Damian Garrett	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Garrett 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) Voorhees	Square Feet 1,032	# of Floors 2	Bldg. Age 64
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 07 / 10 / 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 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	530 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 2	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 6/24/19	

IM# 12227
CK 1546 PAID

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

Date of Notification (1) 06/24/2019		Name of Building Owner/Operator (2) Fair Lawn Board of Education	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	37-01 Fair Lawn Avenue	Fair Lawn, New Jersey 07410
		Name of Contact	Telephone Number
		Tom Senko	201-794-5500

DOL 10 DAY

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Thomas Jefferson Middle School		Type of Facility (4)	
Street Address 35-01 Moriot Avenue		<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.)	
City (5) Fair Lawn, New Jersey 07410	Square Feet 20,000	# of Floors 2	Bldg. Age 50+
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School	
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	
Street Address 500 South Broad Street		Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code Glen Rock, New Jersey 07452		Street Address 246 Union Boulevard	
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400
Start Date (10) 06/24/2019		License No. 01104	
Scheduled Completion Date (11) 06/27/2019		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: 4:30 p.m. start		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 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"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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
Locker Room Closet		X		Air Cell Insulation w/bowls/joints wrap & cut method	25 LF	X			
Locker Room - Shower Area		X		Air Cell Insulation w/bowls/joints wrap & cut method	85 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey	Disposal Date 06/27/2019	City, State McKeesville, PA	
Completed by Adriana Olejarova	Title President	Signature 	Date 06/24/2019

CH 2187

PAID

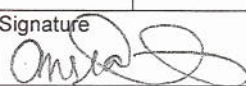
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">JUN 28 2019</div>
<div style="border: 1px solid black; padding: 2px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>

Date of Notification (1) 6/26/19 INV-12347		Name of Building Owner/Operator (2) Lillian Lugo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Lillian Lugo							
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 2100 # of Floors 2 Bldg. Age 65 +/-							
City (5) Fair Lawn		County (6) Bergen County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____ Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184 License No. 01305							
Start Date (10) 7/5/19		Scheduled Completion Date (11) 7/9/19 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: 8 A.M to 4 P.M		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">N/A</td> </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) 447 SF
Yes	No	N/A							
	x								
Basement		VAT							
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 Disposal Date TBD							
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA							
Completed by Richard Cristofol		Title President Signature 							
		Date 6/26/19							

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

No Check

Date of Notification (1) 06 / 24 / 19		Name of Building Owner/Operator (2) Greenwich Township Board of Education		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUN 28 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>					
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 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				
				Bldg. Age 70					
County (6) Cumberland		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School					
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		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 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: 3:00PM-12:00AM				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 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) 720 SF	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		<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 6/24/19			

CH 2883

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:20)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 <i>JNV-12339</i>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC							
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)							
Street Address 30 Route 513		Square Feet	# of Floors						
City (5) Clinton		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc						
Street Address 120 N. Warren Street		Street Address 15 Somerset Place							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	Telephone No. (973) 470-0200						
		License No. 00357							
Start Date (10) <i>07/22/19</i>	Scheduled Completion Date (11) <i>07/23/19</i>	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>Building 1 main gate</i>	<i>X</i>			<i>non-friable removal</i>	<i>32 lf</i>	<i>X</i>			
<i>Boiler Room</i>				<i>small friable</i>					
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless					
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Sharon Hendee		Title President	Signature <i>S. Hendee</i>			Date 6/27/19			

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

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ASBESTOS CONTROL & LICENSING

CH 2883

Inv-12338

Date of Notification (1)
06/27/19

Name of Building Owner/Operator (2)
NJ Dept. of Treasury, DPMC

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

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

Street Address
20 West State Street, 3rd Floor

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Michael O'Reilly

Telephone Number
(609) 273-3561

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Edna Mahan Correctional Facility

Street Address
30 Route 513

City (5)
Clinton

County (6)
Hunterdon

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
08809

of Floors

Bldg. Age

Current Use (Prior if being demolished)
correctional facility

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection

ASCM No.
00030

Name of Abatement Contractor (9)
Pow/R/Save Inc

Street Address
120 N. Warren Street

Street Address
15 Somerset Place

City, State, Zip Code
Trenton, NJ 08608

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm
Jordan Reed

Telephone No.
(609) 392-4200

Telephone No.
(973) 470-0200

License No.
00357

Start Date (10)
07/23/19

Scheduled Completion Date (11)
07/25/19

Name of OSHA Monitor

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

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-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
Bldg. 2 visitor center Boiler Room	X			non-friable removal of small furnace	72 CF	+			

Name of Registered Waste Hauler
Progreen

NJDEP Waste Hauler ID No.
22051

Cubic Yards of Waste

Name of Registered Landfill
Grows North/Fairless

City, State
East Brunswick, NJ

Disposal Date

City, State
Morrisville, PA

Completed by
Sharon Hendee

Title
President

Signature
S/Hendee

Date
6/27/19

CH2883

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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) 06/27/19 <i>INV-12336</i>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC			
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08625 <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Contact Michael O'Reilly</td> <td style="width: 50%;">Telephone Number (609) 273-3561</td> </tr> </table>		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561
Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561				

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility			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 & commercial buildings, homes, etc.)
Street Address 30 Route 513			Square Feet # of Floors Bldg. Age
City (5) Clinton			
County (6) Hunterdon		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) correctional facility
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	Telephone No. (973) 470-0200 License No. 00357
Start Date (10) <i>07/17/19</i>	Scheduled Completion Date (11) <i>07/19/19</i>		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 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			
						Removal	Repair	Encapsulate	Enclosure
<i>Building 33</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>piping & fittings</i>	<i>391 LF</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>utility Repair</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless	
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Sharon Hendee	Title President	Signature <i>S. Hendee</i>	Date 6/27/19		

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 <i>INV- 12335</i>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC							
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)							
Street Address 30 Route 513		Square Feet	# of Floors						
City (5) Clinton		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc						
Street Address 120 N. Warren Street		Street Address 15 Somerset Place							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	Telephone No. (973) 470-0200						
		License No. 00357							
Start Date (10) <i>07/15/19</i>	Scheduled Completion Date (11) <i>07/17/19</i>	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
<i>Building 32 maintenance</i>	<i>X</i>			<i>pipings wrap & cut</i>	<i>90 LF</i>	<i>X</i>			
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless					
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Sharon Hendee		Title President	Signature <i>S. Hendee</i>	Date 6/27/19					

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

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JUN 28 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 <i>INV-10334</i>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08625 Name of Contact Michael O'Reilly Telephone Number (609) 273-3561	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)	
Street Address 30 Route 513		Square Feet # of Floors Bldg. Age	
City (5) Clinton		County (6) Hunterdon	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030 Name of Abatement Contractor (9) Pow/R/Save Inc	
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200 Telephone No. (973) 470-0200 License No. 00357	
Start Date (10) 07/11/19		Scheduled Completion Date (11) 07/11/19	
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 Street Address City, State, Zip Code	
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Building 19 chapel basement	X	Piping wrap + cut	10 LF
Removal Repair Encapsulate Enclosure	X	Name of Registered Waste Hauler Progreen	NJDEP Waste Hauler ID No. 22051
City, State East Brunswick, NJ	Disposal Date	Name of Registered Landfill Grows North/Fairless	City, State Morrisville, PA
Completed by Sharon Hendee	Title President	Signature <i>[Signature]</i>	Date 6/27/19

CH2883

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

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JUN 28 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 West State Street, 3rd Floor		City, State, Zip Code Trenton, NJ 08625							
Name of Contact Michael O'Reilly		Telephone Number (609) 273-3561							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)							
Street Address 30 Route 513		Square Feet							
City (5) Clinton		# of Floors							
County (6) Hunterdon		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030							
Street Address 120 N. Warren Street		Name of Abatement Contractor (9) Pow/R/Save Inc							
City, State, Zip Code Trenton, NJ 08608		Street Address 15 Somerset Place							
City, State, Zip Code Clifton, NJ 07012		Telephone No. (973) 470-0200							
Project Manager for Monitoring Firm Jordan Reed		License No. 00357							
Start Date (10) 07/01/19		Scheduled Completion Date (11) 07/01/19							
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							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 5 cottage C			X	exterior waterproofing	85F	X			
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste		Name of Registered Landfill Grows North/Fairless			
City, State East Brunswick, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Sharon Hendee		Title President		Signature S. Hendee		Date 6/27/19			

CH 2883

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/19 INV-12331		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC							
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)							
Street Address 30 Route 513		Square Feet	# of Floors						
City (5) Clinton		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc						
Street Address 120 N. Warren Street		Street Address 15 Somerset Place							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jordan Reed	Telephone No. (609) 392-4200	Telephone No. (973) 470-0200	License No. 00357						
Start Date (10) TWO PHASES *	Scheduled Completion Date (11)	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 10	X			75 Fittings	150 LF	X			
South hall				wrap + etc					
basement									
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless					
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Sharon Hendee		Title President	Signature <i>[Signature]</i>	Date 6/27/19					

* 1st Phase 1 day 7/5/19
2nd phase 7/30 - 8/1/19

Ch 2883

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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) 06/27/19		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1	City, State, Zip Code Trenton, NJ 08625	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)	
Street Address 30 Route 513		Square Feet	
City (5) Clinton		# of Floors	
County (6) Hunterdon		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	
Street Address 120 N. Warren Street		Name of Abatement Contractor (9) Pow/R/Save Inc	
City, State, Zip Code Trenton, NJ 08608		Street Address 15 Somerset Place	
Project Manager for Monitoring Firm Jordan Reed		City, State, Zip Code Clifton, NJ 07012	
Telephone No. (609) 392-4200		Telephone No. (973) 470-0200	
License No. 00357		Name of OSHA Monitor	
Start Date (10) 2 Phases (see below) *		Scheduled Completion Date (11)	
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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Bldg 4 Edna Mahan	X			89 fittings	178 LF	X			
Hall - basement				425 LF p.p.m.g	425 LF	X			
(Two Phases)				wrap + cut					

Name of Registered Waste Hauler Progreen	NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless
City, State East Brunswick, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sharon Hendee	Title President	Signature Sharon Hendee	Date 6/27/19

ASB-41 (R-06-08) * 1st phase one day 7/3/19
2nd phase 7/25 - 7/29/19

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

Ch 2883

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

Print Form

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JUN 28 2019

ASBESTOS CONTROL & LICENSING


Date of Notification (1) 06/27/19		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC							
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 Trenton, NJ 08625							
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		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 & commercial buildings, homes, etc.)							
Street Address 30 Route 513		Square Feet	# of Floors						
City (5) Clinton		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc						
Street Address 120 N. Warren Street		Street Address 15 Somerset Place							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	License No. 00357						
Start Date (10) 07/08/19	Scheduled Completion Date (11) 07/11/19	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 17 Silzer Cottage	Y			PIPING	125 LF	X			
				FITTINGS (4)	8 LF	X			
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless					
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Sharon Hendee		Title President	Signature 	Date 6/27/19					

Date of Notification (1) 06/27/19 <i>inv-12324</i>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC		RECEIVED JUN 28 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 West State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08625 Name of Contact Michael O'Reilly Telephone Number (609) 273-3561	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility			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 & commercial buildings, homes, etc.)		
Street Address 30 Route 513			Square Feet # of Floors Bldg. Age		
City (5) Clinton			Current Use (Prior if being demolished) correctional facility		
County (6) Hunterdon		County Code (7) (STATE USE ONLY)		Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection	
ASCM No. 00030		Name of Abatement Contractor (9) Pow/R/Save Inc			
Street Address 120 N. Warren Street			Street Address 15 Somerset Place		
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200		Telephone No. (973) 470-0200	
License No. 00357		Name of OSHA Monitor			
Start Date (10) 07/12/19		Scheduled Completion Date (11) 07/12/19		Street Address	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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		Amount (Specify SF or LF)	
Building 15 basement		X		Plumber Paste 40 SF X	
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste	
City, State East Brunswick, NJ		Disposal Date		Name of Registered Landfill Grows North/Fairless	
City, State Morrisville, PA		Signature <i>S. Hendee</i>		Date 6/27/19	

CH 1706

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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) 06.20.2019		Name of Building Owner/Operator (2) North Plainfield Board of Education							
Agencies Notified	Type Notification	Street Address 33 Mountain Ave							
<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 North Plainfield, N.J.							
		Name of Contact MILTON MATHIS	Telephone Number 908-769-6058						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stony Brook 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 269 Grove Street		Square Feet	# of Floors 1						
City (5) North Plainfield		Bldg. Age 52							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) GARDEN STATE ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) DIVINE DEVELOPMENT L.L.C						
Street Address 555 South Broad Street		Street Address 572 S 12TH ST. APT: 1							
City, State, Zip Code Glen Rock, N.J.		City, State, Zip Code NEWARK N.J. 07103							
Project Manager for Monitoring Firm BRUCE WOLF		Telephone No. 201-652-1119	Telephone No. 917-216-5472						
Start Date (10) Jul. 01. 2019		Scheduled Completion Date (11) Aug. 02. 2019	License No. 01375						
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							
		Street Address 2333 US Hwy 22 West							
		City, State, Zip Code West Union, N.J. 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 <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
ROOM : 11 and Room : 10			X	VAT / MASTIC	1.800 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30 YARD	Name of Registered Landfill IES1 LANDFILL					
City, State NEWARK N.J.		Disposal Date TBD		City, State BETHLEHEM P.A					
Completed by JOVAN SURDOSKI		Title OWNER		Signature 		Date 06.20.2019			

CK3402

INV-12345

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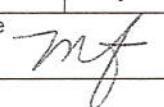
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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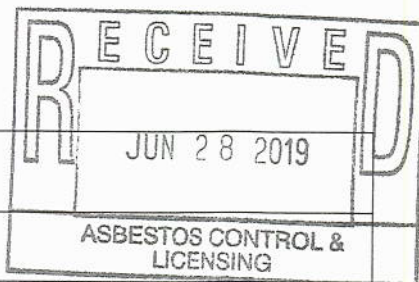
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/21/19		Check #3402		Name of Building Owner/Operator (2) St. Cecilia Church (Englewood of the Palisades Charter School)					
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 85 W Demarest Ave		City, State, Zip Code Englewood, NJ, 07631			
				Name of Contact Amend		Telephone Number 201-802-4563			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood of the Palisades Charter 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 85 W Demarest Ave				Square Feet 10,000+		# of Floors 3			
City (5) Englewood				Bldg. Age 50+					
County (6) Bergen		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 426 69th					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074			
Start Date (10) 07/02/19		Scheduled Completion Date (11) 07/05/19		Name of OSHA Monitor Same as above					
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: 9am				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 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
Entrance Hallway		X		9x9 ACM Floor Tile	5 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 Entreprise			
City, State Bronx, NY				Disposal Date		City, State Waynesburg, OH			
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 06/21/19			

CH5829

INV-12322

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



Date of Notification (1) 06 / 21 / 19		Name of Building Owner/Operator (2) Andrew Uram	
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 Absecon, NJ 08201 Name of Contact Steve Lopes Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Uram 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]		Square Feet 1,092	
City (5) Absecon		# of Floors 2	Bldg. Age 54
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm William Weisgarber		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) 07 / 09 / 19	Scheduled Completion Date (11) 07 / 11 / 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)

- ☒ ≥ 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
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	154 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 Atlantic County Utilities Authority	
City, State Freehold, NJ		Disposal Date 07/11/2019		City, State Egg Harbor Township, NJ	
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature 		Date 6-21-19	

19.06.2019 06:42 AM A. Mac Contracting

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PAGE. 2/ 3

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PAID

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

DOL - 10 DAY RECEIVED
JUN 19 2019 JUN 28 2019
WAIVER APPROVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/19/2019		Name of Building Owner/Operator (2) Affiliated Management		Street Address 301 S. Livingston Ave Suite 201		City, State, Zip Code Livingston, NJ 07036		Name of Contact Sal		Telephone Number 973-204-8811	
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		Name of Facility Where Abatement is Taking Place (3) Westover House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 12000		# of Floors 10	
City (5) Caldwell		County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments		Bldg. Age 64			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address				Street Address 185 Vreeland Ave		City, State, Zip Code Midland Park, NJ 07432		Telephone No. 201-282-5841		License No. 00156	
City, State, Zip Code				Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07608	
Start Date (10) 06/19/19				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:					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 280 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			
Crawl Space				Pipe		35LF		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 07106				Disposal Date 06/19/19 On		City, State Pen Argyl, PA 06072					
Completed by R. McDonald				Title President		Signature R. McDonald		Date 06/19/19			

RECEIVED

Check# 1542

JUN 28 2019

ASBESTOS CONTROL & LICENSING

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

Ch 1682

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

Print Form

RECEIVED

JUN 28 2019

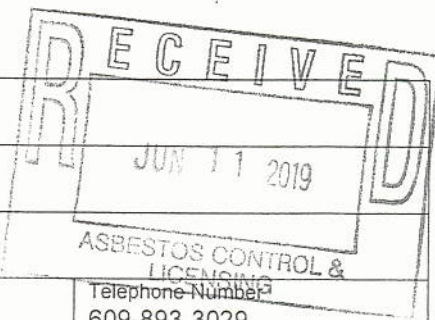
ASBESTOS CONTROL & LICENSING

Date of Notification (1) June 24, 2019		Name of Building Owner/Operator (2) Kim Gailus							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Lyndhurst, NJ 07071							
Name of Contact Scott Lieberman		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 1280							
City (5) Lyndhurst		# of Floors 2							
County (6) Bergen		Bldg. Age 99							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories Inc.		ASCM No.							
Street Address 2333 Route 22 West		Name of Abatement Contractor (9) Unipro Environmental LLC							
City, State, Zip Code Union, NJ 07083		Street Address 97 Main Street, Suite #9							
Project Manager for Monitoring Firm		City, State, Zip Code Woodbridge, NJ 07095							
Telephone No.		Telephone No. 718-273-1122							
Start Date (10) 6/26/2019		License No. 01324							
Scheduled Completion Date (11) 7/3/2019		Name of OSHA Monitor Unipro Environmental 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 97 Main Street, Suite #9							
		City, State, Zip Code Woodbridge, NJ 07095							
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 & Dining Room		x		Plaster Ceilings	520 SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 30		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 7/3/2019		City, State Pen Argyl, PA 18072					
Completed by Raymond Blum		Title Operations Manager		Signature 		Date June 24, 2019			

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

CK# 2074

Date of Notification (1) 06/06/2019		Name of Building Owner/Operator (2) Mt. Holy BOE	
Agencies Notified	Type Notification	Street Address 331 Levis Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Mt. Holy, NJ 08060	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 609-893-3029	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) J. Brainerd 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 100 Wollner Drive		Square Feet	# of Floors
City (5) Mt Holy		Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) M&ECS		Name of Abatement Contractor (9) VMC Company Inc	
Street Address PO Box 341		Street Address 208 Piaget Ave	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-298-4070	License No. 00704
Start Date (10) 07/01/2019	Scheduled Completion Date (11) 07/03/2019	Name of OSHA Monitor VMC Company Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		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 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		x		Board mastic	200 SF	x			

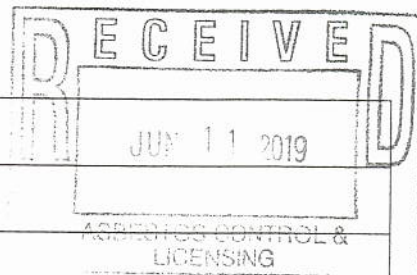
Name of Registered Waste Hauler William Miller Inc		NJDEP Waste Hauler ID No. 07957	Cubic Yards of Waste	Name of Registered Landfill Gloucester County Landfill	
City, State Deptford, NJ		Disposal Date	City, State Swedsboro, NJ		
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski	Date 06/06/1019	

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



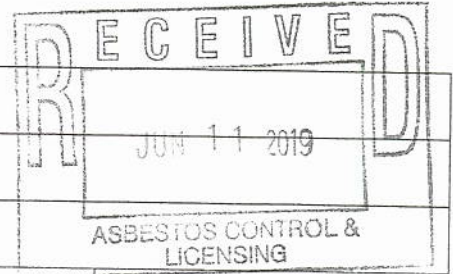
Date of Notification (1) 06/06/2019		Name of Building Owner/Operator (2) Buena Regional School District							
Agencies Notified	Type Notification	Street Address 914 Main Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Richland, NJ 08350							
		Name of Contact Pasquale Yacovelli	Telephone Number 856-697-2400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buena 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 & commercial buildings, homes, etc.)							
Street Address 125 Weymouth Road		Square Feet	# of Floors						
City (5) Buena		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCN No. 00098	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 3 Terri Lane, Suite 4		Street Address 208 Piaget Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 973-253-8828						
License No. 00704									
Start Date (10) 07/15/2019	Scheduled Completion Date (11) 07/26/2019	Name of OSHA Monitor VMC Company 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</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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Boiler packing(2 boilers)	420 SF	x			
				Boiler Breeching(2 boilers)	240 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill Atlantic County Utilities					
City, State Newark, NJ		Disposal Date		City, State Egg Harbor, NJ					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 06/06/2019			

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



Date of Notification (1) 06/06/2019		Name of Building Owner/Operator (2) Buena 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 914 Main Avenue		City, State, Zip Code Richland, NJ 08350							
Name of Contact Pasquale Yacovelli		Telephone Number 856-697-2400							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Milanesi 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 880 Harding Highway		Square Feet	# of Floors						
City (5) Buena		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No. 00098	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 3 Terri Lane, Suite 4		Street Address 208 Piaget Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 973-253-8828						
Start Date (10) 07/29/2019		Scheduled Completion Date (11) 08/07/2019	License No. 00704						
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 VMC Company Inc.							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Boiler insulation	200 SF	x			
				Boiler Breeching insulation	120 SF	x			
				Pipe fitting insulation	74 LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill Atlantic County Utilities					
City, State Newark, NJ		Disposal Date	City, State Egg Harbor, NJ						
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>				Date 06/06/2019		

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



ck# 2074 JUN# 12314

Date of Notification (1) 06/08/2019		Name of Building Owner/Operator (2) Township of Randolph							
Agencies Notified	Type Notification	Street Address 502 Millbrook Rd.							
<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 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 Randolph, NJ 07869							
		Name of Contact Donna Luciani	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Randolph Museum		Type of Facility (4)							
Street Address 11 Foxcroft Rd		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Randolph		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Museum							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 280 Huyler Street		Street Address 208 Piaget Ave							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Stan Blackman		Telephone No. 201-489-8700	License No. 00704						
Start Date (10) 07/22/2019		Scheduled Completion Date (11) 07/29/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Co. Inc.							
<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"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe/fitting insulation	250 LF	x			
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 06/08/2019			