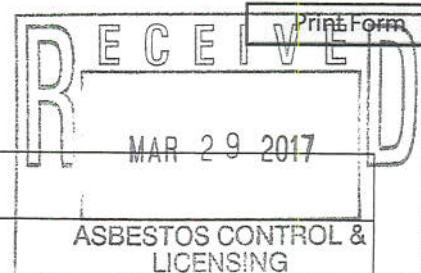


CH1097

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



Date of Notification (1) 3/27/17		Name of Building Owner/Operator (2) Lucy Velazquez	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Rob Brown	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield	Square Feet 2000	# of Floors 3	Bldg. Age 65+/-
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home	

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.	Telephone No. 201-600-3184	License No. 01305

Start Date (10) 4/5/17	Scheduled Completion Date (11) 4/8/17	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)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

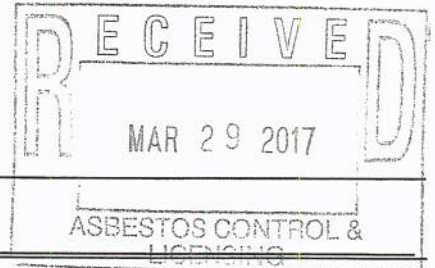
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	640 SF	x			
Basement		x		Mastic	640 SF			x	

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4 CU	Name of Registered Landfill IESI Landfill	
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 3/27/17

D&S Proj. #: 17-89

CH 7014

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



Date of Notification (1) 03/12/17		Name of Building Owner/Operator (2) jill tekell	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code west orange, nj 07052	
		Name of Contact jill tekell	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jill tekell			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		
City (5) west orange			County (6) ESSEX		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/03/17		Sched. Completion Date (11) 04/15/17		
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				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

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 w/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

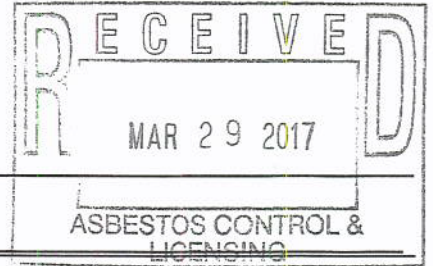
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	160 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/04/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/23/2017

D&S Proj. #: 17-77

CH 7016

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



Date of Notification (1)
03/12/17

Name of Building Owner/Operator (2)
jill lagerstrom

Street Address
[REDACTED]

City, State, Zip Code
SO. ORANGE, NJ 07079

Name of Contact
jill lagerstrom

Telephone Number
[REDACTED]

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)
jill lagerstrom

Street Address
[REDACTED]

City (5)
SO. ORANGE

County (6)
ESSEX

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
of Floors
Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
03/24/17

Sched. Completion Date (11)
04/15/17

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

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition
 Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT crawl space		X		PIPE INSULATION	18 lf	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
03/27/17

City, State
TULLYTOWN, PA

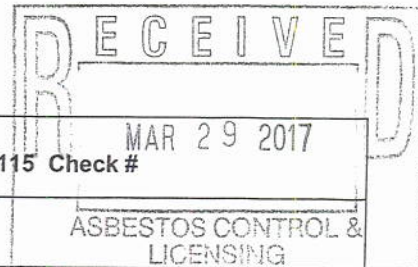
Completed by (Print or Type)
BOGDAN JOI.DZIC

Title
PRESIDENT

Signature
[REDACTED]

Date
03/23/2017

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



no ck

Date of Notification (1) <u>3</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) Pennsville Township BOE / Job #1702-5115 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Church Street
			City, State, Zip Code Pennsville, NJ 08070
		Name of Contact Michael Simpkins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pennsville Memorial HS		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 110 South Broadway		Square Feet	# of Floors
City (5) Pennsville, NJ 08070		Bldg. Age	
County (6) Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-839-2432	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) <u>5</u> / <u>8</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>26</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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

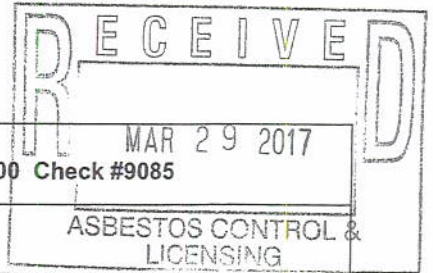
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	5,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 5/26/17	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 3/27/17		

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

CK 9085

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



Date of Notification (1) <u>3</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) Gordon's Corner Water Co. / Job #1701-5100 Check #9085	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 South Main Street	
		City, State, Zip Code Marlboro, NJ	
		Name of Contact Brian Dougherty	Telephone Number i _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Gordon's Corner Water Co.- Plant #3		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 6 South Main Street		Square Feet	# of Floors
City (5) Marlboro		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Water Company	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 609-265-2107
License No. 00529		Name of OSHA Monitor EMSL Analytical	
Start Date (10) <u>4</u> / <u>10</u> / <u>17</u>		Scheduled Completion Date (11) <u>4</u> / <u>10</u> / <u>17</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

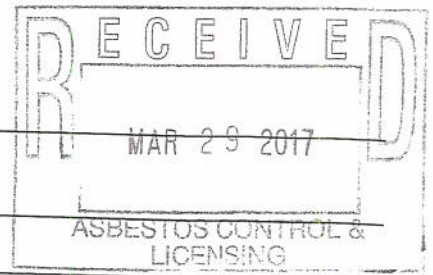
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by 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
Plant #3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Muffler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 4/10/17	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>G Trumbetti</i>	Date 3/27/17		

NO CK

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



Date of Notification (1) 06/29/16 Month/Day/Year		Name of Building Owner/Operator (2) Cooper University Hospital	
Agency Notified X EPA X DEP X DCA X DOH	Type Notification	Street Address	
	Initial	One Cooper Plaza	
	Notification	City, State, Zip Code	
	x Amended	Camden NJ 08103	
	Notification	Name of Contact	
	Cancellation	Mark Elberfeld	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4)		
Street Address One Cooper Plaza			School (K12)		
City (5) Camden			Subchapter 8 (Other than K12)		
County (6)			x Other (i. e. Private & commercial buildings, homes, etc.)		
County Code (7) (STATE USE ONLY)			Square Feet	# of Floors	Bldg. Age
			50,000	4	60
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs			Current Use (Prior if being demolished) Hospital		
Street Address 3370 Progress Drive			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
City, State, Zip Code Bensalem, PA 19020			Street Address 98 LaCruce Avenue		
Project Manager of Monitoring Firm Mike Panpresso			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 06/29/15 Month/Day/Year			Telephone Number 610-364-9622		
Sched. Completion Date (11) 12/31/17 Month/Day/Year			Licence Number 1103		
Occupancy Status During Abatement (Check only one) x Abatement Performed Outside of Normal Facility			Name of OSHA Monitor Criterion Labs		
Hours - Describe: 7:00 AM to 3:30 PM			Street Address 3370 Progress Dr		
Other - Describe: 4:00 PM to 12:30AM			City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition Full Containment with Negative Pressure

>3 sf or >3 lf Renovation

x >160 sf or >260 lf Mini - Enclosure

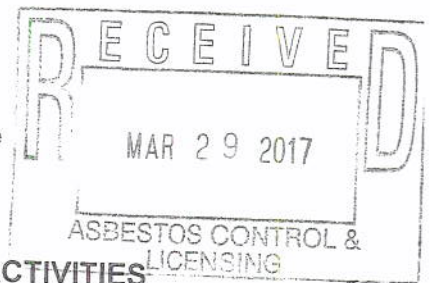
Non-Friable Procedure

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			R	R	E	E			
						O	P	N	N			
Pharmacy 2nd floor		x		floor tile and mastic	4564 SF	x						
3rd Fl OR		x		floor tile and mastic	1542 SF	x						
2nd Fl Enabling		x		floor mastic	1345 SF	x						
2nd Fl Enabling		x		floor tile	830 SF	x						

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As req.	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 5-28-17

ABS-41
JUN 95

New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 PO Box 369
 Trenton, NJ 08625-0369
 Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

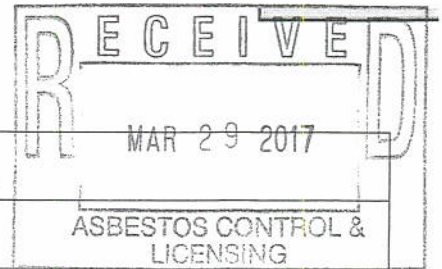
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION		
Date of Notification: <u>6</u> / <u>16</u> / 2016		
Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification) <input type="checkbox"/>		
Type of Work: <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation		
II. BUILDING INFORMATION		
Name of Building Owner/Operator: <u>Cooper Hospital - Kelemen Building</u>		
Street Address: <u>One Cooper Plaza</u> City: <u>Camden</u> State: <u>NJ</u> Zip: <u>08103</u>		
Name of Contact: _____ Telephone No.: _____		
III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place: <u>Cooper Hospital - Kelemen Bldg</u>		
Describe Facility Use: <u>Hospital</u>		
Street Address: <u>One Cooper Plaza</u> City: <u>Camden</u> State: <u>NJ</u> Zip: <u>08103</u>		
County Name: _____ County Code (State Use Only): _____		
Scheduled Start Date: <u>6 / 29 / 2015</u> Scheduled Completion Date: <u>12-31-17</u>		
Occupancy Status During Activity (check only one):		
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity		
<input checked="" type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: <u>8:30 PM Till 8:30 AM</u>		
<input type="checkbox"/> Other—Describe: _____		
Scope of Work (check all that apply):		
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>6936</u>	Percentage Asbestos: <u>2</u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>7450</u>	Percentage Asbestos: <u>2</u> %
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____ %
IV. CONTRACTOR INFORMATION		
Company Name: <u>Associated Specialty Contracting</u> Telephone No.: <u>610-364-9622</u>		
Street Address: <u>98 LaCrue Ave</u> City: <u>Glen Mills</u> State: <u>PA</u> Zip: <u>19342</u>		
New Jersey Asbestos License Number (if applicable): _____		
Monitoring Firm (if applicable): <u>Criterion Labs</u> Telephone No.: <u>215-244-1300</u>		
V. SIGNATURE		
Completed By (type or print legibly): <u>Mark Goshow</u> Title: <u>Project Manager</u>		
Signature: <u>Mark Goshow</u> Date: <u>3-28-17</u>		

0456-03

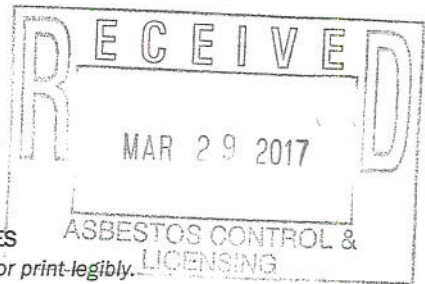
NOCK

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



Date of Notification (1) 10-4-2016 amended 3/28/2017		Name of Building Owner/Operator (2) LINCOLN TOWERS URBAN RENEWAL								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 BROAD STREET								
		City, State, Zip Code NEWARK, NJ 07102								
		Name of Contact ALICIA BIASOTTI BELOTTA	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) LINCOLN TOWERS PHASE II		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 69-99 LINCOLN STREET TOWER II		Square Feet >50,000	# of Floors 12							
City (5) NEWARK		Bldg. Age 88								
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL								
Name of Monitoring Firm Hired by Building Owner (8) LEWIS CONSULTING GROUP/BRIGGS		ASCM No. _____	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 3 CROSSWICKS STREET		Street Address 1345 INDUSTRIAL BLVD								
City, State, Zip Code BORDENTOWN, NJ 08505		City, State, Zip Code SOUTHAMPTON, PA 18966								
Project Manager for Monitoring Firm MICHAEL HOODAK		Telephone No. 1 609 298-5520	Telephone No. 215 322-2900							
Start Date (10) 10/18/2016		Scheduled Completion Date (11) 4/28/2017	License No. 00783							
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: 7AM-11PM		Name of OSHA Monitor CRITERION LABS								
		Street Address 3370 PROGRESS DRIVE								
		City, State, Zip Code BENSALEM, PA 19020								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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	
PLEASE SEE ATTACHED										
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL						
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688						
Completed by CHRISTINE DEL VISCIO		Title ASST. ADMIN.	Signature <i>Christine DelViscio</i>				Date 3/28/2017			

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

Initial Amended Cancellation Emergency (must include justification) Date of Notification: 10 / 04 / 2016

Building Information

Name of Building Owner/Operator: LINCOLN TOWERS URBAN RENEWAL
Street Address: 500 BROAD STREET City: NEWARK State: NJ Zip: 07102
Name of Contact: DAMIAN LAVELLE Telephone No: _____

Facility Information

Name of Facility Where Work Activity is to Take Place: LINCOLN TOWERS PHASE II
Describe Facility Use: APARTMENTS
Street Address: 69-99 LINCOLN STREET City: NEWARK State: NJ Zip: 07103
County Name: ESSEX County Code (state use only): _____
Scheduled Start Date: 10 / 18 / 2016 Scheduled Completion Date: 03 / 31 / 2017

Occupancy Status During Activity (check only one):
 Facility Closed/Vacated During Entire Activity
 Activity Performed Outside Normal Facility Hours—Describe: _____
 Other—Describe: _____

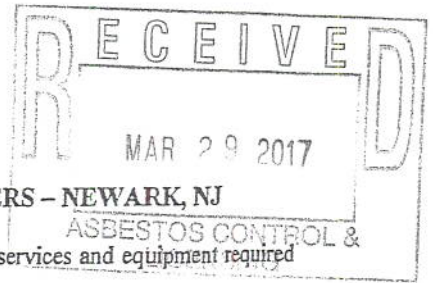
Scope of Work (check all that apply):
 Floor Tile Square Footage: 368,942 Percentage Asbestos: _____
 Mastic Square Footage: 245,542 Percentage Asbestos: _____
 Other: ROOFING Square Footage: 1,200 Percentage Asbestos: _____

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900
Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783
Monitoring Firm (if applicable): LEWIS CONSULTING GROUP/BRIGGS Telephone No.: 1 609-298-5520

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.
Signature: Christine DelVescio Date: 10/4/2014



LINCOLN TOWERS - NEWARK, NJ

B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

I. The following is a detailed scope of work:

Location	Materials	Quantity	Abatement Method
1 st floor community, laundry and kitchen areas	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	1,142 sf	Non-Friable Procedures
See above	Associated mastic	1,142 sf	Non-Friable Procedures
Throughout lobby, corridors, units, common areas and elevators	12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
Throughout corridors, units, maintenance and office as top layer	12x12 brown/tan floor tile	48,600 sf	Non-Friable Procedures
See above	Associated mastic	48,600 sf	Non-Friable Procedures
Throughout lobby, elevators and elevator lobbies	12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
See above	12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
Throughout units and corridors - top layer	12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures
Throughout some units as original tile, bottom and 2 nd layer in corridors, units etc.	9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures



LINCOLN TOWERS - NEWARK, NJ
ASBESTOS CONTROL & LICENSING

Location	Materials	Quantity	Abatement Method
Throughout basement sealed room. Adjacent to chillers	9x9 beige/tan floor tile	400 sf	Non-Friable Procedures
See above	Associated mastic	400 sf	Non-Friable Procedures
Exterior entrance foyers at flat roof areas as top layer	Asphalt rolled roofing material	1,200 sf	Exterior Abatement
See above	Associated asphalt built up roofing material	1,200 sf	Exterior Abatement
See above	Associated roofing felt material	1,200 sf	Exterior Abatement

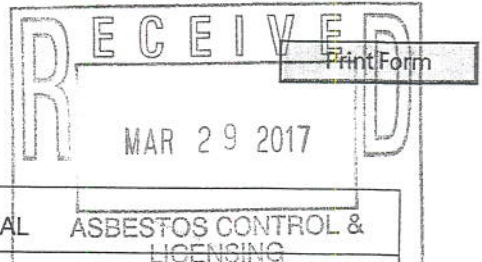
2. Preparation: The Contractor shall prepare the work areas in the following manner

a.) Floor Tile/Mastic (Non-Friable Procedures): The Contractor shall prepare the work area in accordance with project specifications and applicable state and federal regulations. This shall include, but not be limited to the following procedures:

- 1) Non-friable abatement areas shall be isolated by applying critical barriers to all openings inside the work area. The critical barriers shall consist of two layers of six-mil fire retardant polyethylene plastic.
- 2) Negative Air Filtration Devices shall be installed into the work area to maintain a constant negative air flow. The Negative Air Filtration Devices shall be equipped with High Efficiency Particulate Air (HEPA) filters capable of 99.97% efficiency down to 0.3 microns.
- 3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.
- 4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.
- 5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.
- 6) Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

NOCK
0456-03

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



Date of Notification (1) 10/4/2016		Name of Building Owner/Operator (2) LINCOLN TOWERS URBAN RENEWAL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 BROAD STREET	
		City, State, Zip Code NEWARK, NJ 07102	
		Name of Contact ALICIA BIASOTTI BELOTTA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LINCOLN TOWERS PHASE II		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 69-99 LINCOLN STREET TOWER II		Square Feet >50,000	# of Floors 12
City (5) NEWARK		Bldg. Age 88	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) LEWIS CONSULTING GROUP/BRIGGS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 3 CROSSWICKS STREET		Street Address 1345 INDUSTRIAL BLVD.	
City, State, Zip Code BORDENTOWN, NJ 08505		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm MICHAEL HOODAK		Telephone No. 1 609 298-5520	Telephone No. 215 322-2900
Start Date (10) 10/18/2016		Scheduled Completion Date (11) 3/31/2017	License No. 00783
Name of OSHA Monitor CRITERION LABS			

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-11PM	Street Address 3370 PROGRESS DRIVE
	City, State, Zip Code BENSALEM, PA 19020

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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
PLEASE SEE ATTACHED						X			

Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed by CHRISTINE DEL VISCIO		Title ASST. ADMIN	Signature <i>Christine DelViscio</i>	Date 10/4/2016	

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.



Type of Notification (check one) and Date Submitted

Initial Amended Cancellation Emergency (must include justification) Date of Notification: 10 / 04 / 2016

Building Information

Name of Building Owner/Operator: LINCOLN TOWERS URBAN RENEWAL
Street Address: 500 BROAD STREET City: NEWARK State: NJ Zip: 07102
Name of Contact: DAMIAN LAVELLE Telephone No: _____

Facility Information

Name of Facility Where Work Activity is to Take Place: LINCOLN TOWERS PHASE II
Describe Facility Use: APARTMENTS
Street Address: 69-99 LINCOLN STREET City: NEWARK State: NJ Zip: 07103
County Name: ESSEX County Code (state use only): _____
Scheduled Start Date: 10 / 18 / 2016 Scheduled Completion Date: 03 / 31 / 2017

Occupancy Status During Activity (check only one):

- Facility Closed/Vacated During Entire Activity
 Activity Performed Outside Normal Facility Hours—Describe: _____
 Other—Describe: _____

Scope of Work (check all that apply):

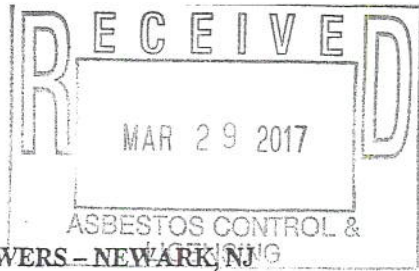
Floor Tile Square Footage: 368,942 Percentage Asbestos: _____
 Mastic Square Footage: 245,542 Percentage Asbestos: _____
 Other: ROOFING Square Footage: 1,200 Percentage Asbestos: _____

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900
Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783
Monitoring Firm (if applicable): LEWIS CONSULTING GROUP/BRIGGS Telephone No.: 1 609-298-5520

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.
Signature: Christine Delviscio Date: 10/4/2014



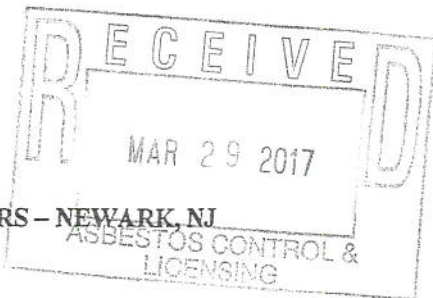
LINCOLN TOWERS - NEWARK, NJ

B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

I. The following is a detailed scope of work:

Location	Materials	Quantity	Abatement Method
1 st floor community, laundry and kitchen areas	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	1,142 sf	Non-Friable Procedures
See above	Associated mastic	1,142 sf	Non-Friable Procedures
Throughout lobby, corridors, units, common areas and elevators	12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
Throughout corridors, units, maintenance and office as top layer	12x12 brown/tan floor tile	48,600 sf	Non-Friable Procedures
See above	Associated mastic	48,600 sf	Non-Friable Procedures
Throughout lobby, elevators and elevator lobbies	12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
See above	12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
Throughout units and corridors - top layer	12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures
Throughout some units as original tile, bottom and 2 nd layer in corridors, units etc.	9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures



LINCOLN TOWERS - NEWARK, NJ

Location	Materials	Quantity	Abatement Method
Throughout basement sealed room. Adjacent to chillers	9x9 beige/tan floor tile	400 sf	Non-Friable Procedures
See above	Associated mastic	400 sf	Non-Friable Procedures
Exterior entrance foyers at flat roof areas as top layer	Asphalt rolled roofing material	1,200 sf	Exterior Abatement
See above	Associated asphalt built up roofing material	1,200 sf	Exterior Abatement
See above	Associated roofing felt material	1,200 sf	Exterior Abatement

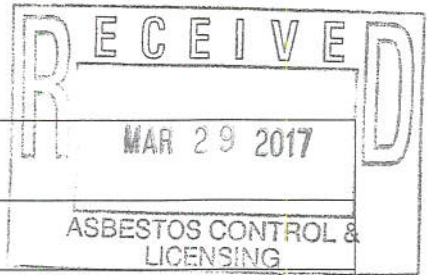
2. Preparation: The Contractor shall prepare the work areas in the following manner

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- 3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.
- 4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.
- 5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.
- 6) Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

CK 26465

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



Date of Notification (1) <u>03</u> / <u>28</u> / <u>17</u>		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 655 Third Avenue 12th Floor	
		City, State, Zip Code New York, NY 10017	
		Name of Contact Dino Nappi	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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 144 Washington Avenue			
City (5) Belleville	Square Feet 10,000	# of Floors 1	Bldg. Age 30
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 88 Harbor Road		Street Address 47 Foster Road		
City, State, Zip Code Port Washington, NY 11050		City, State, Zip Code Staten Island NY 10309		
Project Manager for Monitoring Firm Mike Baudo	Telephone No. 516-944-9500	Telephone No. 718-605-6256	License No. 00774	

Start Date (10) <u>04</u> / <u>08</u> / <u>17</u>	Scheduled Completion Date (11) <u>05</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	

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) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	5 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill IESI	
City, State Newark, NJ		Disposal Date 04/15/17	City, State Bethlehem, PA		
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 		Date 03-28-17	