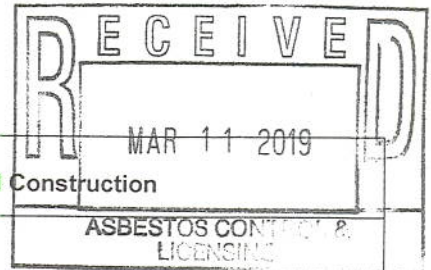


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) <u>2</u> / <u>13</u> / <u>19</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-3/5/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. | | | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Robert Ortego | Telephone Number 609-258-1841 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | | | | | | | | |
| City (5) Princeton | | Square Feet | # of Floors 70 | | | | | | |
| County (6) MERCER | | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Office/Classrooms | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | | ASCM No. 00003 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 1253 North Church Rd | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <u>3</u> / <u>1</u> / <u>19</u> | Scheduled Completion Date (11) <u>3</u> / <u>15</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| 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 |
| Lab 303 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 260 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab 329 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 560 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab 323 & 323A | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 1,900 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport Group Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State Yardley, PA | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | Date 3-5-19 | | | |

ASB-41
MAY 11 **BS19015**

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

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

CH#3514

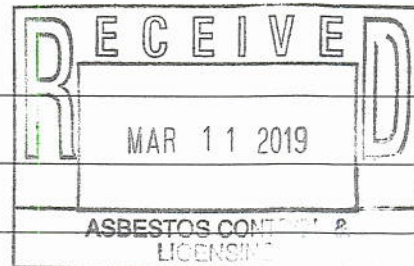
| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">2 / 13 / 19</div> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 11 2019 </div> | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5074 <input checked="" type="checkbox"/> DHSS 5067 <input checked="" type="checkbox"/> DCA 505b (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 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego | | | | | |
| | | | | | | Telephone Number 609-258-1841 | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Guyot Hall | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | | | Square Feet | | | | | | | |
| City (5) Princeton | | | | # of Floors | | | | | | | |
| County (6) MERCER | | | | Bldg. Age 70 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Office/Classrooms | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | | ASCM No. 00003 | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 1253 North Church Rd | | Street Address 1123 BEAVER STREET | | | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | | License No. 00509 | | | | | | | |
| Start Date (10) 3 / 1 / 19 | | Scheduled Completion Date (11) 3 / 15 / 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 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"/> ≥ 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 | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| Lab 303 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | Floor tile and mastic | | 260 SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab 329 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | Floor tile and mastic | | 560 SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab 323 & 323A | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | Floor tile and mastic | | 1,900 SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State BRISTOL, PA 19007 | | | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro /gr | | Date 2-13-19 | | | | | |

ASB-41
MAY 11 BSI9015

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

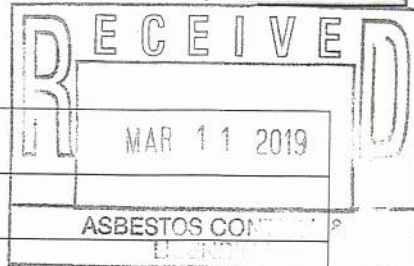
Ch 1946

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



| | | | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 03-04-19 | | Name of Building Owner/Operator (2) Gregory Nemec | | | | | | | |
| 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 Gregory Nemec | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Morristown | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 522 7th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 216-9603 License No. 01206 | | | | | | |
| Start Date (10) 03-14-19 | Scheduled Completion Date (11) 03-16-19 | Name of OSHA Monitor Delfa Contracting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am - 5:00pm | | Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | 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 / Kitchen | | x | | VAT | 150 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 3 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Union City, NJ | | | Disposal Date 03-19-19 | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Project Manager | | Signature | | | Date 03-04-19 | | |

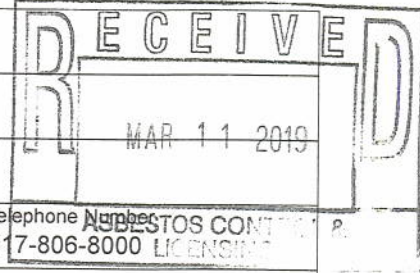
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 3/4/2019 | | Name of Building Owner/Operator (2) Sacred Heart RC Church | | | | | | | |
| 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 4 Richards Ave | | City, State, Zip Code Dover NJ 07801 | | | | | | | |
| Name of Contact Rev Brendan Murray | | Telephone Number 973-366-0060 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property/Sacred Heart | | 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 30 North East Street | | Square Feet | # of Floors 3 | | | | | | |
| City (5) Dover NJ | | Bldg. Age +50 | | | | | | | |
| 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) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. 201-552-9685 | License No. 01384 | | | | | | |
| Start Date (10) 3/14/2019 | Scheduled Completion Date (11) 3/16/2019 | Name of OSHA Monitor Iris Environmental Laboratories | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7:00 AM to 4:00 PM | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union NJ 07803 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | x | 9x9 floor tile | 88 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | | |
| City, State Po Box 5670 | | | Disposal Date | City, State 2335 Applebutter Rd Bethlehem PA | | | | | |
| Completed by Galo Zumba | | Title Principal | Signature | | Date 3/4/2019 | | | | |

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

ck# 1015



| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 3/1/2019 | | Name of Building Owner/Operator (2) Former Sunoco gas station | | | | | | | |
| Agencies Notified | Type Notification | Street Address 7001 Kennedy Blvd | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| | | Name of Contact Raymond | Telephone Number 917-806-8000 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | Type of Facility (4) | | | | | | | |
| Street Address 7001 Kennedy Blvd | | <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) North Bergen NJ 07047 | | Square Feet | # of Floors 1 | | | | | | |
| County (6) Hudson County | | Bldg. Age +50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. 201-552-9685 | License No. 01384 | | | | | | |
| Start Date (10) 3/2/2019 | Scheduled Completion Date (11) 3/5/2019 | | Name of OSHA Monitor Iris Environmental Laboratories | | | | | | |
| 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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM | | City, State, Zip Code Union NJ 07803 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | | x | Main roof | 1800 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | | |
| City, State Po Box 5670 | | Disposal Date | | City, State 2335 Applebutter Rd Bethlehem PA | | | | | |
| Completed by Galo Zumba | | Title Principal | Signature | | Date 3/1/2019 | | | | |

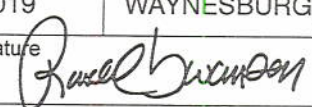
PAID

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

CHECK #1769

| | | | | | |
|--|--|---|--|---|--|
| Date of Notification (1) 03/05/2019 | | Name of Building Owner/Operator (2) OLEA WOODARD | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 11 2019 </div> | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code CLAYTON NJ 08312 | | | |
| | | Name of Contact OLEA WOODARD | | Telephone Number [REDACTED] | |

| FACILITY INFORMATION | | | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | | Type of Facility (4) | | | | | | |
| Street Address [REDACTED] | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) CLAYTON | | | Square Feet 912 | # of Floors 1 | Bldg. Age 67 | | | | |
| County (6) GLOUCESTER | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | | |
| Street Address 1634 SOUTH DELAWARE STREET | | Street Address 570 CLEMS RUN | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08066 | | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | Telephone No. 856-423-5711 | Telephone No. 610-304-4676 | License No. 01145 | | | | | |
| Start Date (10) 03/07/2019 | Scheduled Completion Date (11) 03/08/2019 | | Name of OSHA Monitor EMSL | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 200 RT. 130 NORTH | | | | | | |
| <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: VACANT RESIDENTIAL PROPERTY | | | City, State, Zip Code CINNAMINSON NJ 08077 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input 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 |
| LIVING RM-BED RM-HALLWAY | | | X | FLOOR TILE | 244 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|--------------------------------------|---|---|--|
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | NJDEP Waste Hauler ID No. 0034895 | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State MULLICA HILL NJ | | | Disposal Date 03/08/2019 | City, State WAYNESBURG, OH | |
| Completed by RON SWANSON | | Title GENERAL MANAGER | Signature  | Date 03/05/2019 | |

03/05/2019 12:06PM 18562248799

ASSURED SERVICES

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

CHECK #1769 MAR 11 2019

| | | | | | | | | | |
|--|--|--|---|---|---------------------------|--------------------|--------|---------------|-----------|
| Date of Notification (1) 03/05/2019 | | Name of Building Owner/Operator (2) OLEA WOODARD | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code CLAYTON NJ 08312 | | | | | | | |
| | | Name of Contact OLEA WOODARD | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) CLAYTON | | Square Feet 912 | # of Floors 1 | | | | | | |
| County (6) GLOUCESTER | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | | |
| Street Address 1634 SOUTH DELAWARE STREET | | Street Address 570 CLEMS RUN | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08066 | | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | Telephone No. 856-423-5711 | Telephone No. 610-304-4676 | | | | | | |
| Start Date (10) 03/07/2019 | | Scheduled Completion Date (11) 03/08/2019 | License No. 01145 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor EMSL | | | | | | | |
| <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: VACANT RESIDENTIAL PROPERTY | | Street Address 200 RT. 130 NORTH | | | | | | | |
| | | City, State, Zip Code CINNAMINSON NJ 08077 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> In Facility | 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 LP) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure |
| LIVING RM-BED RM-HALLWAY | | | X | FLOOR TILE | 244 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | NJDEP Waste Hauler ID No. 0034695 | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State MULLICA HILL NJ | | Disposal Date 03/08/2019 | | City, State WAYNESBURG, OH | | | | | |
| Completed by RON SWANSON | | Title GENERAL MANAGER | | Signature <i>Ron Swanson</i> | | Date 03/05/2019 | | | |

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

Check # 3213

GAC Project # 060-18

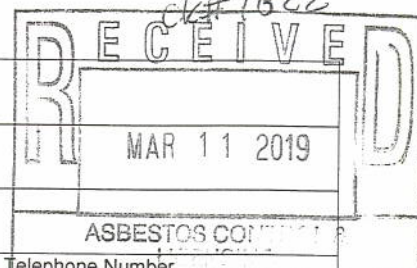
| | | | |
|--|--|---|---|
| Date of Notification (1) March 5, 2019 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY Telephone Number 848-445-2550 |
| | Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE BLDG, BLDG# 7257 Street Address RBHS NEWARK CAMPUS City (5) NEWARK County (6) ESSEX County Code (7) (State Use Only) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years Current Use (prior if being demolished): ACADEMIC |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016 | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 511 MAIN STREET City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY Telephone Number 609-386-8800 | | Telephone Number 973-492-0477 License Number 00840 | |
| Scheduled Start Date (10) 03/15/2019 Scheduled Completion Date (11) 03/18/19 | | Name of OSHA Monitor ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD, BLDG# 35E City, State, Zip Code FAIRLAWN, NJ 07410 | |
| 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) | | 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) G528, G530, G532 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 400 SF Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 03/18/2019 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date March 5, 2019 |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

PAID

Print Form

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



| | | | |
|---|---|---|----------------------------------|
| Date of Notification (1) 3/5/2019 | | Name of Building Owner/Operator (2) Paramount Assets LLC | |
| Agencies Notified | Type Notification | Street Address 142 Broad Street | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Elizabeth NJ | |
| | | Name of Contact Richard Dunn | Telephone Number 201-851-8607 |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Private Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors 4 |
| City (5) Newark NJ | | Bldg. Age +50 | |
| County (6) Essex County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC |
| Street Address N/A | | Street Address 1435 51st Street | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | |
| Project Manager for Monitoring Firm N/A | | Telephone No. 201-552-9685 | License No. 01384 |
| Start Date (10) 3/15/2019 | Scheduled Completion Date (11) 3/20/2019 | Name of OSHA Monitor Iris Environmental Laboratories | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM | | Street Address 2333 Route 22 West | |
| | | City, State, Zip Code Union NJ 07803 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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 |
| Basement | | | X | 9x9 floor tile | 220 SF | X | | | |
| Basement | | | X | Pipe insulation | 80 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler Newark Carting Inc | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill |
| City, State Po Box 5670 | Disposal Date | City, State 2335 Applebutter Rd Bethlehem PA | |
| Completed by Galo Zumba | Title Principal | Signature | Date 3/5/2019 |


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

1021

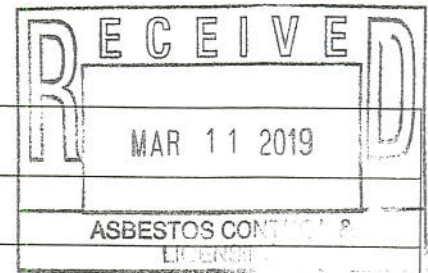
| | | | | | |
|---|---|--|--|---|--|
| Date of Notification (1) 3/5/2019 | | Name of Building Owner/Operator (2) Paramount Assets LLC | | <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">MAR 11 2019</div> | |
| Agencies Notified | Type Notification | Street Address 142 Broad Street | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Elizabeth NJ Name of Contact Richard Dunn | | | |
| | | Telephone Number 201-851-8607 | | | |

| FACILITY INFORMATION | | | | | |
|--|--|---|---|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) Private Property | | | 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) Newark NJ | | | Square Feet | # of Floors 4 | Bldg. Age +50 |
| County (6) Essex County | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | |
| Street Address N/A | | Street Address 1435 51st Street | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. | Telephone No. 201-552-9685 | License No. 01384 | |
| Start Date (10) 3/18/2019 | | Scheduled Completion Date (11) 3/22/2019 | | Name of OSHA Monitor Iris Environmental Laboratories | |
| 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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM | | | City, State, Zip Code Union NJ 07803 | | |
| 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 |
| Basement | | | x | 9x9 floor tile | 200 SF | x | | | |
| Basement | | | x | Pipe insulation | 60 LF | x | | | |
| Basement | | | x | Transite panels | 120 SF | x | | | |
| First Floor | | | x | Floor tile | 150 SF | x | | | |

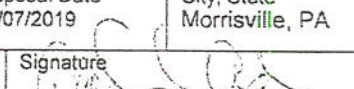
| | | | | | |
|---|--------------------|---|---|---|--|
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | |
| City, State Po Box 5670 | | Disposal Date | City, State 2335 Applebutter Rd Bethlehem PA | | |
| Completed by Galo Zumba | Title Principal | Signature  | Date 3/5/2019 | | |

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



| Date of Notification (1) 03/04/19 | | Name of Building Owner/Operator (2) South Plainfield Board of Education | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 125 Jackson Ave. | | | | | | | |
| <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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, NJ 07080 | | | | | | | |
| | | Name of Contact Thomas Wiggins | Telephone Number 908-754-4620 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) South Plainfield Middle School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 2201 Plainfield Ave. | | Square Feet | # of Floors | | | | | | |
| City (5) South Plainfield | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental | | ASCM No. 00127 | Name of Abatement Contractor (9) Academy Construction Inc | | | | | | |
| Street Address 1248 Wrights Ln. | | Street Address 205 Route 46 Suite 14 | | | | | | | |
| City, State, Zip Code West Chester, PA 19380 | | City, State, Zip Code Totowa NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm Paul McCaa | | Telephone No. 484-894-4841 | Telephone No. 973 832 4244 | | | | | | |
| License No. 01379 | | | | | | | | | |
| Start Date (10) 03/15/19 | Scheduled Completion Date (11) 03/29/19 | 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: _____ | | 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Transportation Room | | | X | Drop Ceiling Panels 2x4 | 260sf | x | | x | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Academy Construction Inc | | NJDEP Waste Hauler ID No. 034422 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Filip Geleski | | Title Supervisor | | Signature <i>Filip Geleski</i> | | Date 03/04/19 | | | |

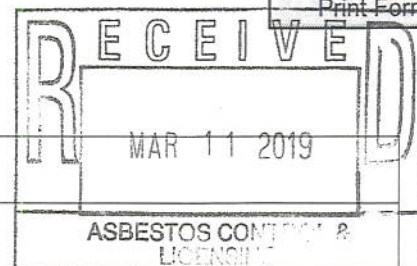
RECEIVED
MAR 14 2019
Check# 1413
ASBESTOS CONTROL &
LICENSING

| | | | | | | | | |
|--|---|---|---|---|----------------------|--------------------|--------|-------------|
| Date of Notification (1) 03/06/2018 | | Name of Building Owner/Operator (2) Montclair Board of Education | | MAR 11 2019 Check# 1413 | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 22 Valley Road City, State, Zip Code Montclair, New Jersey 07042 Name of Contact John Eschmann Telephone Number 973-509-4044 | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Northeast 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 603 Grove Street | | | Square Feet 30,000 | | | | | |
| City (5) Montclair | | | # of Floors 2 | | Bldg. Age 50+ | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | |
| Street Address 300 Grand Ave | | Street Address 246 Union Boulevard | | | | | | |
| City, State, Zip Code Englewood, NJ 07631 | | City, State, Zip Code Totowa, New Jersey 07512 | | | | | | |
| Project Manager for Monitoring Firm Anthony Valentine | | Telephone No 201-569-6078 | Telephone No. 973-225-8400 | | License No. 01104 | | | |
| Start Date (10) 03/07/2019 | | Scheduled Completion Date (11) 03/08/2019 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Start Time 6:30 PM</u> | | | Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| Dirt Room | X | | Pipe Insulation | 10 LF | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 1 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Totowa, New Jersey | | | Disposal Date 03/07/2019 | City, State Morrisville, PA | | | | |
| Completed by Adriana Olejarova | | Title President | Signature  | | | Date 03/06/2019 | | |

CH 2034

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:420)

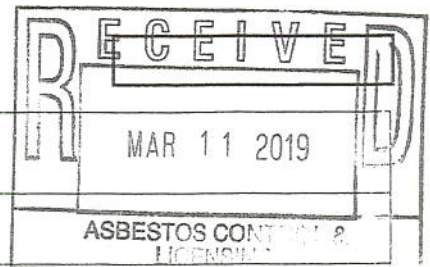
Print Form



| Date of Notification (1) 02/27/2019 | | Name of Building Owner/Operator (2) CMS Construction Inc | | | | | | | |
|--|--|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 521 North 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Plainfield NJ 07060 | | | | | | | |
| | | Name of Contact CMS Construction | Telephone Number 908-906-5292 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 2 Story residential bldg. & barn | | 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 6 Marshall Place | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Middlesex NJ | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential Family | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services LLC | | ASCM No. | Name of Abatement Contractor (9) DYV Enterprises LLC | | | | | | |
| Street Address 140 Boulevard Ave | | Street Address 28 Lisa Ln | | | | | | | |
| City, State, Zip Code Mt. Lake NJ 07046 | | City, State, Zip Code Lincoln Park NJ 07035 | | | | | | | |
| Project Manager for Monitoring Firm Leonid Sheresivki | | Telephone No. 973-5884821 | Telephone No. 973-942-6924 | | | | | | |
| License No. 01129 | | | | | | | | | |
| Start Date (10) 03/21/2019 | Scheduled Completion Date (11) 04/03/2019 | Name of OSHA Monitor Marcelo Avila | | | | | | | |
| 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 254 Cumberland Ave | | | | | | | |
| | | City, State, Zip Code Paterson NJ 07502 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st floor Kitchen | | | X | VAT | 190 SF | X | | | |
| Back Porch | | | X | Window glazing | 2 SF | X | | | |
| Basement window | | | X | window glazing | 2 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler DYV Enterprises LLC | | NJDEP Waste Hauler ID No. 0034140 | Cubic Yards of Waste 10cy | Name of Registered Landfill TRRF Waste Management | | | | | |
| City, State Lincoln Park NJ 07035 | | Disposal Date 4/05/19 | | City, State Tully town PA | | | | | |
| Completed by Dorian Carpio | | Title Project Manager | | Signature | | Date 02/27/2019 | | | |

MO#25686761207

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 03 / 07 / 19 | | Name of Building Owner/Operator (2) Ted Seely | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Metuchen, NJ 08840 | |
| | | Name of Contact Ted Seely | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |
| City (5) Metuchen, NJ 08840 | | Square Feet | # of Floors |
| County (6) Middlesex | | Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

| | | | |
|--|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) Gr Tech LLC | |
| Street Address | | Street Address 576 Valley Rd #283 | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-638-1777 | License No. 01127 |
| Start Date (10) 03 / 17 / 19 | Scheduled Completion Date (11) 03 / 18 / 19 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 | |

| | | | |
|--|---|---|--|
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|---|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|----------------|--------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N.Jevtic</i> | | Date 03/07/19 | |

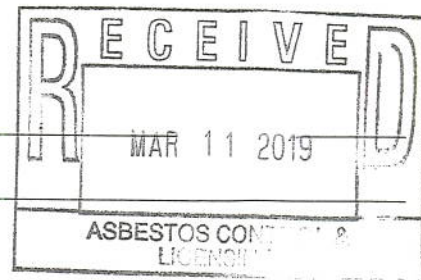
ASB-41

MAY 11

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

Ch 9282

State of New Jersey
PAID
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)



| | | | |
|---|--|---|--|
| Date of Notification (1) 3/6/19 | | Name of Building Owner/Operator (2) NJ DOE / Katzenbach School for the Deaf | |
| 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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Street Address 320 Sullivan Way City, State, Zip Code West Trenton, NJ 08628 Name of Contact Mech. Contractor: Ted Lindemann | |
| | | Telephone Number 609-724-0006 | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3) Building 2D Katzenbach School for the Deaf | | | 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 320 Sullivan Way | | | Square Feet 10000 | | |
| City (5) West Trenton | | | County (6) Mercer | | County Code (7) (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc. | | | ASCM No. 00030 | | |
| Street Address 120 North Warren St. | | | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | | |
| City, State, Zip Code Trenton, NJ 08608 | | | Street Address 323 Changebridge Rd Suite 100 | | |
| Project Manager for Monitoring Firm Roland Jones | | | Telephone Number 609-392-4200 | | City, State, Zip Code Pine Brook, NJ 07058 |
| Scheduled Start Date (10) 3/7/19 | | | Sched. Completion Date (11) 3/31/19 | | License Number 00852 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: | | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | |
| | | | Street Address 2333 Route 22 W | | |
| | | | City, State, Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

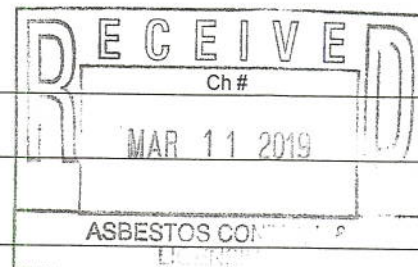
- ☐ Demolition
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☒ Full Containment with Negative Pressure
☐ Mini - Enclosure
☐ Glove bag Procedure
☐ Non - Friable Procedure

| Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|
| | Yes | No | N/A | | | R | R | E | E |
| Bldg. 2D - wood shop and perf. arts | | X | | Miscellaneous - Drop ceiling tile | 3000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | |
|---|--|------------------------------------|--|----------------------------|--|----------------|
| Name of Registered Waste Hauler Jupiter Environmental Services | | NJDEP Waste Hauler ID No. 04782 | | Cubic Yards Of Waste 20 | Name of Registered Landfill Alliance Landfill | |
| City, State Pine Brook, NJ | | Disposal Date 3/28/19 | | City, State Taylor, PA | | |
| Completed By (Print or Type) Pane Repic | | Title Project Manager | | Signature | | Date 3/6/19 |

ASB-41

3/4/19: Amendment 1: Start date is postponed, awaiting permit.; 3/6/19: Amendment 2: Start date is set for 3/7/19.

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

| | | | |
|---|--|---|--|
| Date of Notification (1) 3/4/19 | | Name of Building Owner/Operator (2) NJ DOE / Katzenbach School for the Deaf | |
| 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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Street Address 320 Sullivan Way | |
| | City, State, Zip Code West Trenton, NJ 08628 | | |
| | Name of Contact Mech. Contractor: Ted Lindemann | Telephone Number 609-724-0006 | |

FACILITY INFORMATION

| | | | | | |
|--|---|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Building 2D Katzenbach School for the Deaf | | | 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 320 Sullivan Way | | | Square Feet 10000 | | |
| City (5) West Trenton | | | # of Floors 1 | | |
| County (6) Mercer | | | Bldg. Age ~ 50 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc. | | ASCM No. 00030 | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | | |
| Street Address 120 North Warren St. | | Street Address 323 Changebridge Rd Suite 100 | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Pine Brook, NJ 07058 | | | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone Number 609-392-4200 | Telephone Number 973-575-8700 | | License Number 00852 |
| Scheduled Start Date (10) 3/4/19- tbd | Sched. Completion Date (11) 3/31/19 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: | | | Street Address 2333 Route 22 W | | |
| | | | City, State, Zip Code Union, NJ 07083 | | |

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
☐ Glove bag 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) | | | Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|
| | Yes | No | N/A | | | R | R | E | E |
| Bldg. 2D – wood shop and perf. arts | | X | | Miscellaneous - Drop ceiling tile | 3000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|---|-----------------------------------|---|-----------------------|
| Name of Registered Waste Hauler Jupiter Environmental Services | | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 20 | Name of Registered Landfill Alliance Landfill | |
| City, State Pine Brook, NJ | | Disposal Date 3/28/19 | | City, State Taylor, PA | |
| Completed By (Print or Type) Pane Repic | | Title Project Manager | | Signature | Date 3/4/19 |

ASB-41

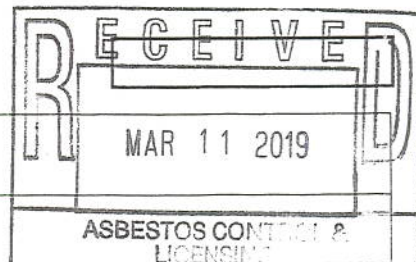
3/4/19: Amendment 1: Start date is postponed, awaiting permit.

RECEIVED
MAR 11 2019
ASBESTOS CONTAMINATED
LICENSING

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

MO#25686761220

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



| | | | |
|--|--|---|--|
| Date of Notification (1) 03 / 07 / 19 | | Name of Building Owner/Operator (2) Diane Symawski | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Jersey City, NJ 07305 | |
| Name of Contact Charley Holmes | | Telephone Number | |

FACILITY INFORMATION

| | | | |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age | |
| City (5) Jersey City, NJ 07305 | | County Code (7) (STATE USE ONLY) Hudson | |
| Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] | | Name of Abatement Contractor (9) Gr Tech LLC | |
| Street Address [REDACTED] | | Street Address 576 Valley Rd #283 | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm [REDACTED] | | Telephone No. 973-638-1777 | License No. 01127 |
| Start Date (10) 03 / 16 / 19 | Scheduled Completion Date (11) 03 / 17 / 19 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

| | | | |
|--|---|---|--|
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <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 SIF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Duct insulation | 80 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

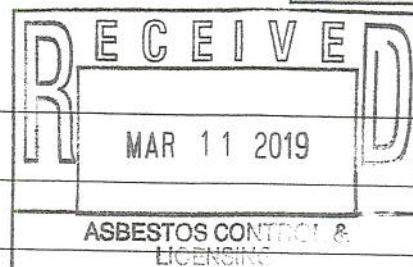
| | | | | | |
|--|----------------|--------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | | Date 03/07/19 | |

ASB-41

MAY 11

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

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) 03/07/2019 | | Name of Building Owner/Operator (2) Nora Adams | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Nutley NJ 07100 | |
| | | Name of Contact Nora Adams | Telephone Number |

| FACILITY INFORMATION | | | |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors |
| City (5) Nutley | | Bldg. Age | |
| 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) | | Name of Abatement Contractor (9) Rizov LLC | |
| Street Address | | Street Address 246 Gaston Ave. | |
| City, State, Zip Code | | City, State, Zip Code Garfield NJ 07026 | |
| Project Manager for Monitoring Firm | | Telephone No. (862)262-8006 | License No. 01369 |
| Start Date (10) 03/09/2019 | Scheduled Completion Date (11) 03/12/2019 | Name of OSHA Monitor Rizov 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 246 Gaston Ave. | |
| | | City, State, Zip Code Garfield NJ 07026 | |

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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|---|---|--|

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

| | | | | | |
|--|--|--------------------------------------|---------------------------------|--|--|
| Name of Registered Waste Hauler Rizov LLC | | NJDEP Waste Hauler ID No. 0037825 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Hills Landfill | |
| City, State Garfield NJ | | Disposal Date TBD | | City, State Morrisville, PA | |
| Completed by Aleksandra Rizova | | Title Owner | Signature <i>[Signature]</i> | Date 03/07/2019 | |

CH7891

PAID

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

| |
|------------------------------|
| Print Form |
| RECEIVED |
| MAR 11 2019 |
| ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 03/08/19 | | Name of Building Owner/Operator (2) Miz Construction | | | | | | | |
| Agencies Notified | Type Notification | Street Address 212 2nd Street, Suite 302 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Lakewood, NJ 08701 | | | | | | | |
| | | Name of Contact Miz Construction | Telephone Number 732-620-2992 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | 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) Lakewood | | Square Feet | # of Floors | | | | | | |
| County (6) Ocean | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 03/18/19 | Scheduled Completion Date (11) 03/21/19 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <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: _____ | | 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| Full Demolition of Home | | | | Demolition | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 200 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 03/08/19 | | |

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

Date of Notification (1)

3/6/2019

Name of Building Owner/Operator (2)

Frank Esposito

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☒ EMERGENCY☐ Cancellation

Street Address

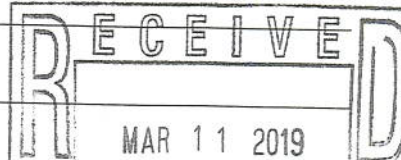
City, State, Zip Code

Clifton, NJ, 07011

Name of Contact

Alison Munro

Telephone Number



ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City

Clifton

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

03- 06- 19

Month Day Year

Sched. Completion Date (11)

03- 07 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
| | Yes | No | N/A | | | R 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 |
| Basement | | | X | Pipe Insulation | 75 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

3/8/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

3/6/2019

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

| | | | | |
|--|--|---|--------------------------------|---|
| Date of Notification (1) 3/6/2019 | | Name of Building Owner/Operator (2) Ted Marcoux | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 11 2019 ASBESTOS CONTROL </div> |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation | City, State, Zip Code South Orange, NJ, 07079 | | |
| | | Name of Contact Ted Marcoux | Telephone Number [REDACTED] | |

FACILITY INFORMATION

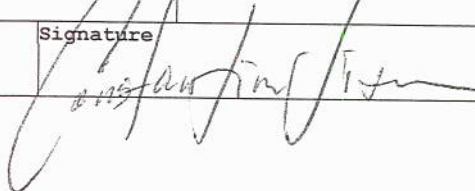
| | | | | | |
|--|------------------------|-------------------------------------|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Ted Marcoux | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/>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

| | | | | |
|---|---|------------------------------------|--|--------------------------------|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | | Street Address 86 Christopher St. | |
| City, State, Zip Code | | | City, State, Zip Code Montclair, NJ 07042 | |
| Project Manager for Monitoring Firm | Telephone Number N/A | | Telephone Number (973) 744-8800 | License Number 00371 |
| Scheduled Start Date (10) 3- 16- 19 Month Day Year | Sched. Completion Date (11) 3- 17- 19 Month Day Year | Name of OSHA Monitor N/A | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | Street Address | | |
| | | City, State, Zip Code | | |

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> 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-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 | | | R E M O V A L | R E P A I R | E N C A P S U L . | E N C L O S U R E | |
| 2nd Floor | | | X | Duct Insulation | 20 SF | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

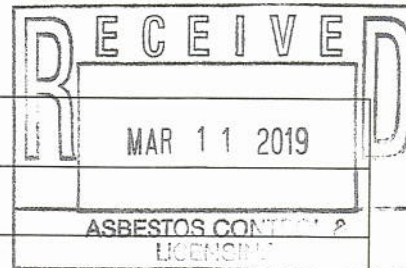
| | | | | | |
|---|---------------------------|---|--|---|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.0 | Name of Registered Landfill Tri - State | |
| City, State Montclair, NJ 07042 | | Disposal Date 3/18/19 | City, State Bronx, NY, 10474 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature  | Date 3/6/2019 | | |

RECEIVED
MAR 11 2019
City Center
ASBESTOS CONTROL &
Drive

| | | | | | | | | | | | | |
|--|--|---|----|---|-------------------|--|--------|----------------|---------|--------|-------------|-----------|
| Date of Notification (1) 3-8-19 | | Name of Building Owner/Operator (2) Winfield Community Center | | MAR 11 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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1 Roosevelt Drive | | | | | | | | |
| | | City, State, Zip Code Winfield NJ 07036 | | Name of Contact Robin Kluse | | | | | | | | |
| | | | | Telephone Number 908-4865012 | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Basement) | | | | 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 | | | | | | | | |
| City (5) Winfield NJ 07036 | | | | # of Floors 2 | | | | | | | | |
| County (6) Union | | | | Bldg. Age 70+ | | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | | | Current Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | | | |
| Street Address P.O. Box 337 | | | | Street Address P.O. Box 337 | | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | | License No. 00394 | | | | | | | | |
| Start Date (10) 3-18-19 | | Scheduled Completion Date (11) 3-18-19 | | Name of OSHA Monitor EPC Technologies Inc | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address P.O. Box 337 | | | | | | | | |
| | | | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | | |
| 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) | | 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 | | | Transite Paneling | | 150 SF | | X | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | | Cubic Yards of Waste < 1 | | Name of Registered Landfill Waste Management of PA | | | | | | |
| City, State New Egypt NJ | | Disposal Date 3-19-19 | | City, State Morrisville PA | | | | | | | | |
| Completed by Steve Schenker | | Title President | | Signature Steve Schenker | | Date 3-8-19 | | | | | | |

CH 2026

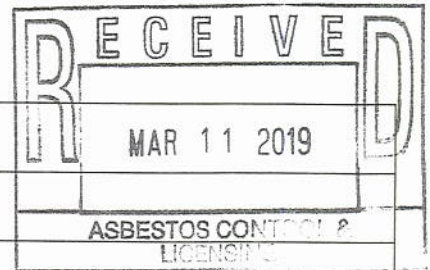
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 03/05/2019 | | Name of Building Owner/Operator (2) David Kasdan | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Orange, NJ 07079 | | | | | | | |
| | | Name of Contact David Kasdan | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) South Orange | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. 01311 | | | | | | |
| Start Date (10) 03/15/2019 | Scheduled Completion Date (11) 03/16/2019 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Duct Insulation | 80 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | | Date 03/05/2019 | | |

CH 6754002179

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



| | | | | | | | | | |
|--|--|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/05/2019 | | Name of Building Owner/Operator (2) Miriam Brous | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Orange, NJ 07079 | | | | | | | |
| | | Name of Contact Miriam Brous | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) South Orange | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-345-8685 | | | | | | |
| Start Date (10) 03/18/2019 | | Scheduled Completion Date (11) 03/23/2019 | License No. 01311 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 40 LF | X | | | |
| Garage | | X | | Pipe Insulation | 30 LF | X | | | |
| Attic | | X | | Vermiculite | 960 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | Date 03/05/2019 | | | |

PAID

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

Print Form

CK 7286

| | | | | | |
|---|--|--|--|--|--|
| Date of Notification (1) 3/6/19 | | Name of Building Owner/Operator (2) Steven Buckhart Private Home | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 11 2019 CONTROL & LICENSING </div> | |
| Agencies Notified | Type Notification | Street Address | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Holgate NJ 08008 Name of Contact Jeff | | | |
| | | Telephone Number | | | |

| | | | |
|--|--|---|--|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Steven Buckhart Private Home | | Type of Facility (4) | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Holgate NJ 08008 | | Square Feet 1000 | # of Floors 2 |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. |
| Street Address | | Street Address PO Box 329 | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. |
| Start Date (10) 3/18/19 | | Scheduled Completion Date (11) 3/22/19 | Name of OSHA Monitor Same |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| lower section | | | x | Transit break away board | 1000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|------------------------------------|---------------------------|---|----------------|
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Elm NJ | | Disposal Date 3/22/19 | | City, State Morrisville PA 19067 | |
| Completed by Anthony T Perna | | Title President | Signature | | Date 3/6/19 |

Mar.05.2019 07:36 AM A. Mac Contracting

2012620321

PAGE. 3/ 3

PAID

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

Check # 1220

CH 1220

Date of Notification (1) 3/5/19

Name of Building Owner/Owner (6) KATHLEEN SAUFORD

Agency Notice ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification ☐ Initial ☐ Amended ☐ Emergency (including demolition) ☐ Cancellation

Street Address [REDACTED]

City, State, Zip Code OLD BRIDGE NJ 08857

Name of Contact MONIQUE CURECHY

Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (8) SAUFORD

Street Address [REDACTED]

City (9) OLD BRIDGE

County (10) MIDDLESEX

County Code (11) (STATE USE ONLY) RES

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

Square Feet 1750

of Floors 2

Bldg. Age 62

Name of Monitoring Firm Hired by Building Owner (12) A. Mac Contracting Inc.

Street Address 185 Vineland Ave.

City, State, Zip Code Midland Park, N.J.

Project Manager for Monitoring Firm [REDACTED]

Telephone No. 201-262-8941

License No. 00168

Start Date (13) 3/5/19

Scheduled Completion Date (11) 3/11/19

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, N.J. 07608

OSHA Agency Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

Other -- Describe: [REDACTED]

Scope of Work (Check All That Apply)

☐ ab of or to h ☐ ab of or to h ☐ Renovation Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Shoveling Procedure

Non-Permitted C2 and Non-Permitted Procedures

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (18) | Is Location Normally Used Solely by Maintenance/Custodial Staff (19) | | | 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 | | | 1 | 2 | 3 | 4 |
| <u>FAMILY ROOM</u> | | | <u>X</u> | <u>VAT</u> | <u>336 SF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler Newark Carting, Inc.

NJDWP Waste Hauler ID No. 04808

City, State Newark, N.J. 07105

Disposal Date 3/5/19

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Pen Argyl, PA 08072

Completed by R. McDonald

Title President

Signature [Signature]

Date 3/5/19

Mar.04.2019 08:45 AM A. Mac Contracting

2012620321

PAGE. 27

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAD 26:26 and 26:27C)

| |
|-------------|
| RECEIVED |
| MAR 11 2019 |
| 10:11 AM |

| | | | | | |
|---|--|---|---|--|---------------------------------|
| Date of Notification (1) 3/4/19 | | Name of Building Owner/Operator (2) GOLDBERG REALTY ASSOCIATED | | ASBESTOS CONTROL & LICENSING | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA | | Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including Justification) Cancellation | | Street Address 33 CLINTON ROAD | |
| | | City, State, Zip Code WEST CARPENTERS NJ 07006 | | Telephone Number 973-808-7170 | |
| | | Name of Contact JOE HATZEL | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BOULEVARD GARDENS | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 1 PAMPAO COURT | | | Square Feet 12000 | | |
| City (5) BAYONNE | | | # of Floors 3 | | |
| County (6) HUDSON | | | Building Age 62 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (If not being demolished) APTS | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | |
| Street Address | | Street Address 188 Vreeland Ave. | | City, State, Zip Code Midland Park, N.J. | |
| City, State, Zip Code | | Telephone No. 201-282-8841 | | License No. 00189 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Start Date (10) 3/4/19 | | Scheduled Completion Date (11) 3/11/19 | | Street Address 280 Huyler Street | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Hackensack, N.J. 07608 | | | |
| Scope of Work (CHECK ALL THAT APPLY) | | | | | |
| <input type="checkbox"/> 10' or less of or less of or less of | | <input type="checkbox"/> Renovation Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Enclosed <input type="checkbox"/> and Non-Facile Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (12) | Is Location Normally Used Only by Maintenance/ Custodial Staff (13) | | | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| Basement B-3 | | | X | PIPE | 175 LF X |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJ DEP Waste Hauler ID No. 04508 | | Name of Registered Landfill Grand Central Bankruptcy Landfill | |
| City, State Newark, N.J. 07105 | | Disposal Date 3/4/19 | | City, State Pen Argyl, PA 06072 | |
| Completed by R. McDonald | | Title President | | Date 3/4/19 | |

CK5524

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

| | |
|----------|------------------------------|
| RECEIVED | MAR 11 2019 |
| | ASBESTOS CONTROL & LICENSING |

| | | | |
|---|---|--|--|
| Date of Notification (1) 03 / 06 / 19 | | Name of Building Owner/Operator (2) Ronald Polk | |
| 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Willingboro, NJ 08046 | |
| | | Name of Contact Ronald Polk | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Polk 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 2,177 | # of Floors 2 |
| City (5) Willingboro | | Bldg. Age 60 | |
| County (6) Burlington | | 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. | Name of Abatement Contractor (9) Shade Environmental, LLC |
| Street Address PO Box 341 | | Street Address 623 Outler Avenue | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Bill Welsgerber | | Telephone No. 609-288-4070 | Telephone No. 856-755-0009 |
| Start Date (10) 03 / 09 / 19 | | Scheduled Completion Date (11) 03 / 12 / 19 | License No. 00842 |
| 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 | | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 200 lf | | Street Address 200 Route 130 North | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Cinnaminson, NJ 08077 | |
| <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-Frangible 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) |
| Living Room, Dining Room & Closet | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Floor Tile and Mastic | 455 SF |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 2 |
| City, State Freehold, NJ | | Name of Registered Landfill Fairless Landfill | |
| Disposal Date 03/12/2019 | | City, State Morrisville, PA | |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature [Signature] | Date 3/6/19 |

ASB-41
JAN 12

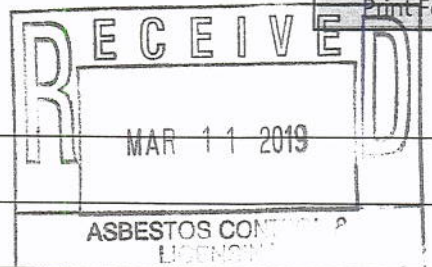
* Do not use this form for asbestos licensure exempted activities.

b/c d

Shade Environmental 1 >> 609 633 0664

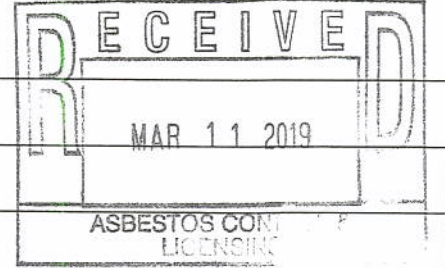
2019-03-06 10:40

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



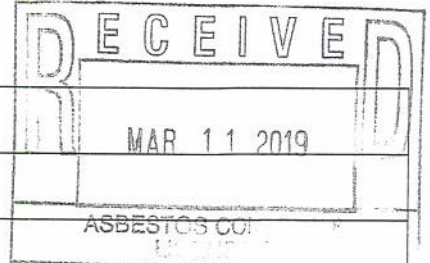
| | | | | | | | | | |
|--|---|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/26/2019 | | Name of Building Owner/Operator (2) Maybrook Gardens Inc | | | | | | | |
| Agencies Notified | Type Notification | Street Address 155 Riverside Drive | | | | | | | |
| <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 New York, NY 10024 | | | | | | | |
| | | Name of Contact Brian Tarzik | Telephone Number 2128734919 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 12 | | 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 25 Maybrook Drive | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Maywood | | Bldg. Age 60 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC | | ASCM No. | Name of Abatement Contractor (9) Asbestways Solutions Corp | | | | | | |
| Street Address 478 Albany Street | | Street Address 132 Washington Avenue | | | | | | | |
| City, State, Zip Code Brooklyn, NY 11203 | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. 01340 | | | | | | |
| Start Date (10) 03/18/2019 | Scheduled Completion Date (11) 04/12/2019 | Name of OSHA Monitor Asbestways Solutions Corp | | | | | | | |
| 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 132 Washington Avenue | | | | | | | |
| | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input 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 |
| (3) Misc Crawl Spaces | X | | | Pipe Insulation | 275 Lnf | X | | | |
| Basement | X | | | Pipe Insulation | 240 Lnf | X | | | |
| Meter Room | X | | | Pipe Insulation | 150 Lnf | X | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 4506 | Cubic Yards of Waste | Name of Registered Landfill Tully-town RE Facility | | | | | |
| City, State Newark, NJ 07102 | | | Disposal Date | City, State | | | | | |
| Completed by Mindy Gorodetsky | | Title Officer | Signature | | | Date 02/26/2019 | | | |

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



| | | | | | | | | | |
|---|---|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/26/2019 | | Name of Building Owner/Operator (2) Maybrook Gardens Inc | | | | | | | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTAMINATION LICENSING | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 | 155 Riverside Drive | | | | | | | |
| | | City, State, Zip Code New York, NY 10024 | | | | | | | |
| | | Name of Contact Brian Tarzik | Telephone Number 2128734919 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 13 | | 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 25 Maybrook Drive | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Maywood | | Bldg. Age 60 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC | | ASCM No. | Name of Abatement Contractor (9) Asbestways Solutions Corp | | | | | | |
| Street Address 478 Albany Street | | Street Address 132 Washington Avenue | | | | | | | |
| City, State, Zip Code Brooklyn, NY 11203 | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 7188582600 | License No. 01340 | | | | | | |
| Start Date (10) 03/25/2019 | Scheduled Completion Date (11) 04/19/2019 | Name of OSHA Monitor Asbestways Solutions Corp | | | | | | | |
| 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: _____ | | Street Address 132 Washington Avenue | | | | | | | |
| | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥30 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| (6) Misc Crawl Spaces | X | | | Pipe Insulation | 551 Lnf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 4506 | Cubic Yards of Waste | Name of Registered Landfill Tully-town RE Facility | | | | | |
| City, State Newark, NJ 07102 | | | Disposal Date | City, State | | | | | |
| Completed by Mindy Gorodetsky | | Title Officer | Signature | | | Date 02/26/2019 | | | |

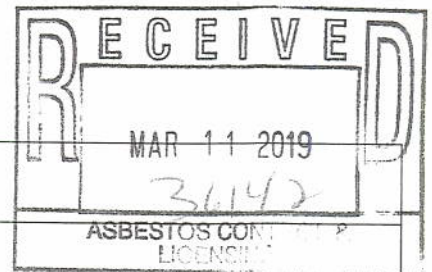
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 02/26/2019 | | Name of Building Owner/Operator (2) Maybrook Gardens Inc | | | | | | | |
|--|---|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 155 Riverside Drive | | | | | | | |
| <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 New York, NY 10024 | | | | | | | |
| | | Name of Contact Brian Tarzik | Telephone Number 2128734919 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 14 | | 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 25 Maybrook Drive | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Maywood | | Bldg. Age 60 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC | | ASCM No. | Name of Abatement Contractor (9) Asbestways Solutions Corp | | | | | | |
| Street Address 478 Albany Street | | Street Address 132 Washington Avenue | | | | | | | |
| City, State, Zip Code Brooklyn, NY 11203 | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 7188582600 | License No. 01340 | | | | | | |
| Start Date (10) 03/25/2019 | Scheduled Completion Date (11) 04/19/2019 | Name of OSHA Monitor Asbestways Solutions Corp | | | | | | | |
| 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 132 Washington Avenue | | | | | | | |
| | | City, State, Zip Code Brooklyn, NY 11205 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> < 200 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 200 sf or ≥ 23 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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 |
| (6) Misc Crawl Spaces | X | | | Pipe Insulation | 545 Lnf | X | | | |
| meter Room | X | | | Pipe Insulation | 90 Lnf | X | | | |
| Basement | X | | | Pipe Insulation | 140 Lnf | X | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 4506 | Cubic Yards of Waste | Name of Registered Landfill Tully-town RE Facility | | | | | |
| City, State Newark, NJ 07102 | | | Disposal Date | City, State | | | | | |
| Completed by Mandy Gorodetsky | | Title Officer | Signature | | | Date 02/26/2019 | | | |

CH 36142

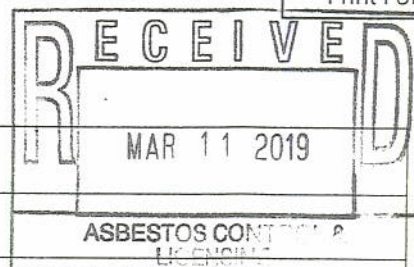
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|--|---|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 03 / 06 / 19 | | | Name of Building Owner/Operator (2) MGC Construction | | | | | | |
| 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 87-93 Marcy Avenue City, State, Zip Code East Orange, NJ 07017 Name of Contact Sal Conte | | | | | |
| | | | | Telephone Number 973-865-0878 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Lavallette | | | Square Feet 2500 sf | # of Floors 2 | Bldg. Age 65 | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-349-9932 | License No. 00624 | | | | |
| Start Date (10) 03 / 19 / 19 | | Scheduled Completion Date (11) 03 / 20 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior-front house | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1600 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior-rear house | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 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 Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | | | Disposal Date 03/20/19 | City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Femicola | | Title Project Manager | | Signature | | Date 3/6/19 | | | |

CK3038

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



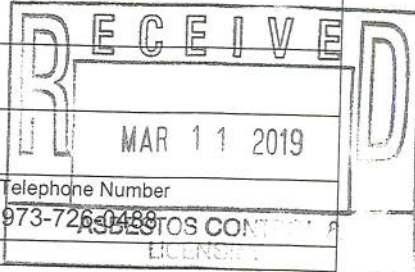
| | | | | | | | | | |
|--|---|--|---|--|--|------------------|--------|-------------|-----------|
| Date of Notification (1) 3-3-2019 | | Name of Building Owner/Operator (2) The Midwood Group | | MAR 11 2019 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 266 Broadway City, State, Zip Code Brooklyn, NY 11211 Name of Contact Abraham Posner Telephone Number 347-512-6991 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | | 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 575-577 Jackson Avenue | | | Square Feet 1873 | # of Floors 2 | Bldg. Age 57+ | | | | |
| City (5) Jersey City, NJ 07304 | | | Current Use (Prior to being demolished) | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 235 Virginia Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-333-8855 | License No. 01174 | | | | | |
| Start Date (10) 3-13-2019 | | Scheduled Completion Date (11) 3-16-2019 | | Name of OSHA Monitor Green Environmental Services, 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 235 Virginia Avenue | | | | | | |
| | | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | | | | | |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | | | | | |
| | | | | <input type="checkbox"/> Glovebag Procedure | | | | | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | X | | Roofing Material | 1095 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental Services, LLC | | NJDEP Waste Hauler ID No. 0034889 | | Cubic Yards of Waste 5 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Jersey City, NJ | | | | Disposal Date 3-16-2019 | City, State Morrisville, PA | | | | |
| Completed by Liliana Serrano | | Title Office Manager | | Signature <i>Liliana Serrano</i> | | Date 3-3-2019 | | | |

PAID

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

Print Form

Check 18650



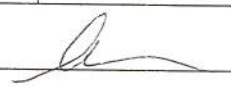
| | | | | | | | | | |
|--|---|--|-----|--|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 3/6/19 | | Name of Building Owner/Operator (2) Nouvelle LLC | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 610 Anderson Avenue | | City, State, Zip Code Cliffside Park, NJ 07010 | | | | | | | |
| Name of Contact Frank D'Antonio | | Telephone Number 973-726-0488 | | | | | | | |
| 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 3500 | | | | | | | |
| City (5) Bogota | | # of Floors 3 | | | | | | | |
| County (6) Bergen | | Bldg. Age 70 | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCN No. _____ | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) ABS Environmental Servcies, LLC | | | | | | | |
| City, State, Zip Code | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Telephone No. _____ | | Telephone No. 973-764-2276 | | | | | | | |
| Start Date (10) 3/15/19 | | License No. 703 | | | | | | | |
| Scheduled Completion Date (11) 4/15/19 | | 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 Other - Describe: _____ | | Street Address | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 | | City, State, Zip Code | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | X | pipe insulation | 100 LF | X | | | |
| throughout ceiling | | | X | plaster | 3,000 SF | X | | | |
| throughout walls | | | X | plaster | 7,000 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 3/6/19 | | | |

PAID

Print Form

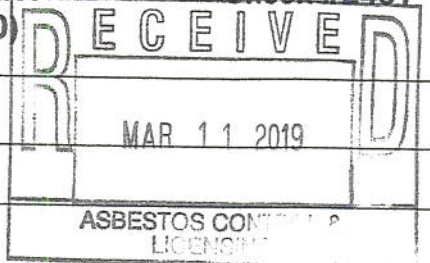
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 18654

| | | | | | | | | | |
|---|---|--|-----|--|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 3/6/19 | | Name of Building Owner/Operator (2) Alexandro Revilla | | | | | | | |
| 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 [REDACTED] | | City, State, Zip Code Kearny, NJ 07032 | | | | | | | |
| Name of Contact Alexandro Revilla | | Telephone Number 973-764-2276 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | | | | | | | |
| City (5) Harrison | | # of Floors 2 | | | | | | | |
| County (6) Essex | | Bldg. Age 72 | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. _____ | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) ABS Environmental Servcies, LLC | | | | | | | |
| City, State, Zip Code | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Telephone No. _____ | | Telephone No. 973-764-2276 | | | | | | | |
| Start Date (10) 3/18/19 | | License No. 703 | | | | | | | |
| Scheduled Completion Date (11) 3/30/19 | | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | x | pipe insulation | 90 LF | x | | | |
| exterior | | | x | asphalt siding | 2,500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste TBD | | Name of Registered Landfill Grand Central Sanitary Landfill | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Pen Argyl PA | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | Date 3/6/19 | | | |

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

Check #2451



| | | | |
|--|---|--|--|
| Date of Notification (1) 03/06/2019 | | Name of Building Owner / Operator (2) EMR Camden Iron & Metals Inc | |
| 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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 143 Harding Avenue City, State & Zip Code Bellmawr, NJ 08031 Name of Contact Robert Speed | |
| | | Telephone Number 856-617-3762 | |

| FACILITY INFORMATION | | | |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Warehouse | | 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 1423 Ferry Ave | | Square Feet 10,000 | # of Floors 1 |
| City (5) Camden | County (6) Camden | Bldg. Age 50+ | |
| County Code (7) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) Alpha Environmental, LLC | |
| City, State & Zip Code | | Street Address PO Box 8297 | |
| Project Manager for Monitoring Firm | | City, State & Zip Code Trenton, NJ 08650 | |
| Telephone Number | | Telephone Number 609-847-2956 | License Number 01222 |
| Scheduled Start Date (10) 03/07/2019 | Scheduled Completion Date (11) 03/17/2019 | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 200 Route 130 North | |
| | | City, State & Zip Code Cinnaminson, NJ 08077 | |

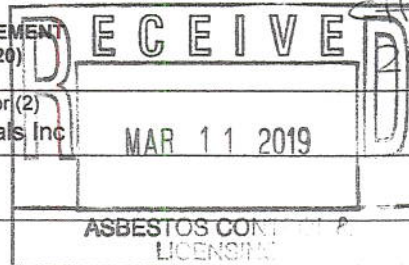
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Warehouse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 1,300 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---|-----------------------------------|--|
| Name of Registered Waste Hauler Service Transport Group | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 40 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle DE | | Disposal Date various | City, State Waynesburg OH |
| Completed By (Print or Type) Rod Richardson | | Title Project Manager | Signature <i>Rod Richardson</i> |
| | | Date 03/06/2019 | |

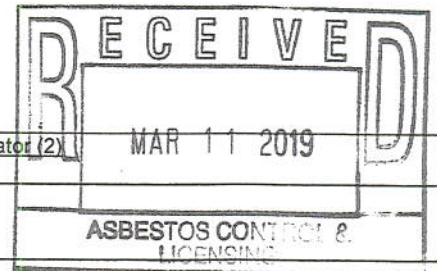
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)



| | | | | | | | | | |
|--|--|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 03/02/2019 | | Name of Building Owner/Operator (2) EMR Camden Iron & Metals Inc | | | | | | | |
| Agencies Notified | Type Notification | Street Address 143 Harding Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Bellmawr NJ 08031 | | | | | | | |
| | | Name of Contact Robert Speed | Telephone Number 856-617-3762 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Warehouse | | 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 1450 Ferry Avenue | | Square Feet 10,000 | # of Floors 1 | | | | | | |
| City (5) Camden | | Bldg. Age 50+ | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Alpha Environmental LLC | | | | | | |
| Street Address | | Street Address P O Box 8297 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Trenton NJ 08650 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 609-847-2956 | License No. 01222 | | | | | | |
| Start Date (10) 03/12/2019 | Scheduled Completion Date (11) 03/17/2019 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson NJ 08077 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Warehouse | | X | | Window Caulking | 700 LF | X | | | |
| Office | | X | | VAT | 800 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 40 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | | Disposal Date various | City, State Waynesburg, OH | | | | | |
| Completed by Kelly Sisk | | Title Project Manager | Signature | Date 03/02/2019 | | | | | |

CH 4114636

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 17:26-2.12)



| | | | |
|---|--|---|---|
| <u>Date of Notification (1)</u> 2/20/19 | | <u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company | |
| <u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency | |
| <u>Street Address</u> 800 Billingsport Rd | | <u>City, State, Zip Code</u> Paulsboro, NJ 08066 | |
| <u>Name of Contact</u> Ravi Jarecha | | <u>Tel. Number</u> 856-224-4444 | |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.) | |
| <u>Street Address</u> 800 Billingsport Rd | | <u>Sq. Feet</u> N/A <u># of Floors</u> N/A | |
| <u>City (5)</u> Paulsboro | <u>County (6)</u> Gloucester | <u>County Code (7)</u> (State Use Only) | <u>Bldg. Age</u> N/A <u>Current Use (prior if being demolished)</u> Oil Refinery |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Mansfield Industrial, Inc. |
| <u>Street Address</u> | | <u>Street Address</u> 26 Colonial Ave | |
| | | <u>City, State, Zip Code</u> Woodbury NJ 08096 | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> 856-224-4392 | <u>License Number</u> 00857 |
| <u>Scheduled Start Date (10)</u> 3/4/19 | <u>Scheduled Completion Date (11)</u> 3/31/19 | <u>Name of OSHA Monitor</u> Mansfield Industrial, Inc. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area | | <u>Street Address</u> 26 Colonial Avenue | |
| | | <u>City, State, Zip Code</u> Woodbury NJ 08096 | |
| <u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure | | | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u> | <u>Amount (Specify SF or LF)</u> |
| <u>Abatement Type</u> Rem. Rep. Encap Enclose | | | |
| Small sections of Pipe Insulation Throughout CU 7 | X | TSI - Glovebag | ~150 LF |
| Small sections of Insulation on Vessels at CU 7 | X | TSI - Mini Containments | ~50 SF |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management, Inc. | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> <3 CY | <u>Name of Reg. Landfill</u> Gloucester County Landfill |
| <u>City, State</u> South Harrison, NJ | <u>Disp. Date</u> Various | <u>City, State</u> South Harrison, NJ | |
| <u>Completed by (Print or Type)</u> ANDREW GREEN | <u>Title</u> MANAGER - Mansfield Industrial, Inc | <u>Signature</u> Site Operations Supervisor | <u>Date</u> 2-20-19 |

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

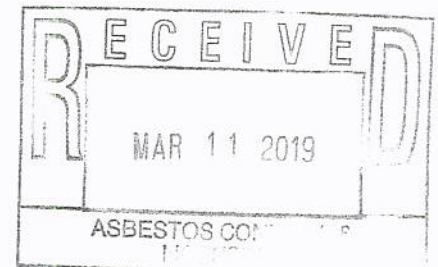
PAID

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

Check # 0068

| | | | | |
|--|--|--|--|--|
| Date of Notification (1) 02 / 22 / 19 | | Name of Building Owner / Operator (2) STEVENS INSTITUTE OF TECHNOLOGY | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> | | Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | | |
| Street Address 1 CASTLE POINT ON HUDSON | | City, State, Zip Code HOBOKEN, NJ 07030 | | |
| Name of Contact ROBERT MAFFIA | | Telephone Number 201-216-3542 | | |
| FACILITY INFORMATION | | ASBESTOS CONTROL & LICENSING | | |
| Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY JACOBUS HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | | |
| Street Address 1 CASTLE POINT ON HUDSON | | Square Feet 50,000 | | |
| City (5) HOBOKEN | | # Of Floors 3 | | |
| County (6) HUDSON | | Building Age 40+ | | |
| County Code (7) | | Current Use (Prior if being demolished) MULTI PURPOSE | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL | | ASCM NO | | |
| Street Address 1600 Route 22 East | | Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC | | |
| City, State, Zip Code Union, NJ 07038-1597 | | Street Address 32 Williams Parkway | | |
| Project Mngr. For Monitoring Firm MIKE NEHLSEN | | City, State, Zip Code East Hanover, NJ 07936 | | |
| Telephone Number 908-688-7800 | | Telephone Number 973-884-8682 | | |
| Sched. Start Date (10) 03 / 18 / 19 | | Sched. Completion Date (11) 05 / 30 / 19 | | |
| License Number 00860 | | Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: 8:00AM-6:00PM MON-FRI | | |
| Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC | | Street Address 32 Williams Parkway | | |
| City, State, Zip Code East Hanover, NJ 07936 | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input 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 R E M O V A L R E N C A P S U L E N C L O S U R |
| 2ND FLOOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | PIPE & FITTING | 450 LF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2ND FLOOR RESTROOMS | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | MIRROR MASTIC | 30 SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2ND FLOOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | MASTIC | 810 SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2ND FLOOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | VAT/MASTIC | 2,600 SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC | NJDEP Waste Hauler ID No. 30534 | Cubic Yards of Waste | Name of Registered Landfill FAIRLESS LANDFILL | |
| City, State EAST HANOVER, NJ | Disposal Date | City, State MORRISVILLE, PA | | |
| Completed by (Print or Type) STEVEN STILES | Title PROJECT MANAGER | Signature | Date 03/08/19 | |

| 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 | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| 2ND FLOOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAPOR BARRIER | 4,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1ST FLOOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE & FITTING | 400 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1ST FLOOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEAT SHIELD | 375 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1ST FLOOR RESTROOMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MIRROR MASTIC | 25 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1ST FLOOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAPOR BARRIER | 4,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE & FITTING | 685 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"/> | CEILING TILE/MASTIC | 860 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAPOR BARRIER | 4,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 2,525 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MIRROR MASTIC | 60 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUB BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE & FITTING | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUB BASEMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAPOR BARRIER | 1,800 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FLASHING | 390 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CAULK | 1,079 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TAR | 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"/> |



B & G proj. #: 2019-48

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

Check # 9177

| | | | | |
|---|---|--|--|---|
| Date of Notification (1) 03/07/19 | | Name of Building Owner/Operator (2) Township of Fairfield | | <div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-size: 12px; margin: 5px auto;">MAR 11 2019</div> |
| Agencies Notified | Type Notification | Street Address 230 Fairfield Road | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Fairfield, NJ 07004 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Joe Catenaro | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number 973-882-2700 x 2500 | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | |
|--|--|---|--|-------------------------------------|
| Name of facility where abatement is taking place (3) Police Headquarters (non sub-chapter 8) | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address 230 Fairfield Road | | | Square Feet | # of Floors |
| City (5) Fairfield | | | County (6) Essex | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services Inc. | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address 280 Huyler Street | | | Street Address 105 Ryerson Road | |
| City, State, Zip Code South Hackensack, NJ 07606 | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm Stan Blackman | | Phone Number 201-489-8700 | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 03/18/2019 | | Sched. Completion Date (11) 03/20/2019 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | |
| Street Address 105 Ryerson Road | | | | |
| City, State, Zip Code LincolnPark, NJ 07035 | | | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Throughout 1st floor | | | X | pipe (wrap & cut) | 90 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 cy | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 03/20/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/07/2019 |

B & G proj. #: 2019-47

PAID

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

Check # 9176

| | | | | |
|--|--|---|--|---|
| Date of Notification (1) 03/17/19 | | Name of Building Owner/Operator (2) Stanley Fink | | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">MAR 11 2019</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ASBESTOS CONTAINING MATERIALS</div> |
| 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"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Paramus, NJ 07652 | | |
| | | Name of Contact Stanley Fink | | |
| | | | | Telephone Number |

FACILITY INFORMATION

| | | | | |
|--|---|-------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3) Stanley Fink | | | 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 | # of Floors |
| City (5) Paramus, NJ 07652 | County (6) Bergen | County Code (7) (State use only) | Bldg. Age | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Current Use (Prior if being demolished) residential | |
| Street Address | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| City, State, Zip Code | | | Street Address 105 Ryerson Road | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Phone Number | | | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 03/18/2019 | Sched. Completion Date (11) 03/20/2019 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address 105 Ryerson Road | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | |

Scope of Work (check all that apply)

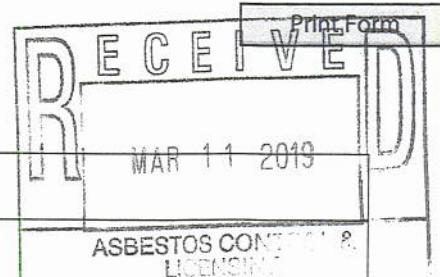
- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/>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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-----|---|---------------------------|--------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| Ground Fl Den & Laundry Rm | | | x | VAT (no mastic) | 265 SF | x | | | |
| stairs to kitchen | | | x | VAT (no mastic) | 25 SF | x | | | |
| stairs to basement | | | x | VAT (no mastic) | 15 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 4 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 03/21/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/07/2019 |

Ch014525

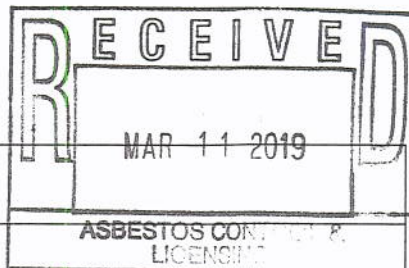
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:60 and 12:120



| | | | | | | | | | |
|--|--|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 03-05-19 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | | | | | |
| <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 South Plainfield NJ | | | | | | | |
| | | Name of Contact Dean Giovanetti | Telephone Number 865-579-0413 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG 16th Ave Substation | | Type of Facility (4) | | | | | | | |
| Street Address 399 16th Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 03-19-19 | Scheduled Completion Date (11) 05-18-19 | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 17 Old Dock Rd | | | | | | | |
| <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>Electrical circuit cabinet</u> | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | 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 |
| Switching yard | | | x | Transite pipe | 60 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Veolia ES Technical Solutions | | NJDEP Waste Hauler ID No. NJD080631369 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Boston, MA | | Disposal Date TBD | | City, State Morrisville, PA 19067 | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | Signature <i>Raymond Tutiven</i> | | | Date 03-05-19 | | | |

Ch 64774
1370-03

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 5:16)



| | | | |
|---|---|---|--|
| Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u> | | Name of Building Owner/Operator (2) Millennial Partners LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773 | |

FACILITY INFORMATION

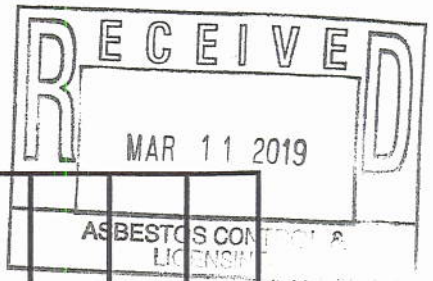
| | | | |
|---|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) The Victor Bldg | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 201 N. Front Street | | Square Feet 90,000 | |
| City (5) Camden | | # of Floors 7 | Bldg. Age 100 + |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni | | ASCM No. | |
| Street Address 515 Grove Street, Suite 1B | | Name of Abatement Contractor (9) DELTA/BJDS, INC | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | Street Address 1345 INDUSTRIAL BLVD. | |
| Project Manager for Monitoring Firm Alan Lloyd | | City, State, Zip Code SOUTHAMPTON PA 18966 | |
| Telephone No. 856-656-2875 | | Telephone No. 215 322-2900 | License No. 00783 |
| Start Date (10) <u>2</u> / <u>1</u> / <u>19</u> | Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>19</u> | Name of OSHA Monitor Criterion Labs | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-4PM</u> / <u> </u> PM - <u> </u> AM | | Street Address 400 Street Road | |
| | | City, State, Zip Code Bensalem Pa 19020 | |

Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> 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 |
| 1 st Floor Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 160 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Radiator Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Ins. above Plaster Ceiling | 600 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contaminated Plaster Ceiling | 12,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

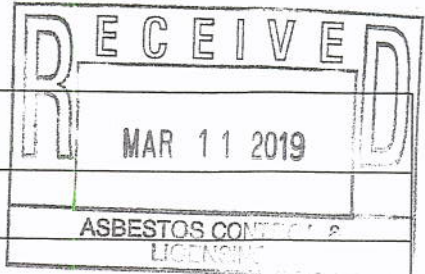
| | | | | | |
|---|-------------------------------------|---|----------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State 58 PYLES LANE NEW CASTLE DE | | | Disposal Date | City, State WAYNESBURG, OHIO | |
| Completed By (Print or Type) CHRISTINE DEL VISCIO | Title ASST. ADMINISTRATOR | Signature <i>Christine Del Viscio</i> | | Date 3-8-2019 | |



| LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY | IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? | | DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | AMOUNT SPECIFY SF OR LF | REMOVAL | REPAIR | ENCAPSULATE | ENCLOSURE |
|--|---|----|---|--------------------------------|-----------|--------|-------------|-----------|
| Victor Building Warehouse | YES | NO | N/A | | | | | |
| Victor Building Warehouse | | | X | Old Roof below newer roof | 32,000 sf | X | | |
| Through out | | | X | Wire Insulation | 500 LF | X | | |
| 1st Fl Cafeteria | | | X | Residual 9 X 9 Mastic | 150 SF | X | | |
| 1st fl small office | | | X | Residual 9 X 9 Mastic | 100 SF | X | | |
| 2nd Fl Large Rm 40sf under concrete floor | | | X | Residual 9x9 Mastic | 600 sf | X | | |
| 2nd Fl Large Rm entry-stairway | | | X | Residual 9x9 Mastic | 60 sf | X | | |
| Above Ceilings and Old Roof | | | X | Duct Tar | 840 sf | X | | |
| Above Large Storage 4" dia | | | X | Block Pipe Insulation | 50 lf | X | | |
| Above Large Storage 1' dia | | | X | Block Pipe Insulation | 50 lf | X | | |
| 2nd floor Tool Shop | | | X | Block Pipe Insulation | 35 lf | X | | |
| 2nd floor Tool Shop Closet | | | X | Block Pipe Insulation | 3 lf | X | | |
| 2nd floor office after bathrm | | | X | 9x9 Gray Floor Tile and Mastic | 360 sf | X | | |
| 1st Fl , in pile debris in cafeteria | | | X | cove base mastic | 50 lf | X | | |
| 1st Floor Cafeteria/Kitchen Side | | | X | Mastic on bottom of drywall | 600 sf | X | | |
| 1st fl Cafeteria /kitchen side floor tile continues under walls and mastic | | | X | 9x9 Floor Tile | 600 sf | X | | |
| 1st fl,entryway to stairs and into walk-in freezers | | | X | Residual 12 x 12 Mastic | 1,275 sf | X | | |

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

1370-03



| | | | |
|---|---|--|------------------------------------|
| Date of Notification (1) 1 / 22 / 19 | | Name of Building Owner/Operator (2) Millennial Partners LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Riverside Drive Suite 500 | |
| | | City, State, Zip Code Camden NJ 08103 | |
| | | Name of Contact | Telephone Number 1 800 971-6773 |

FACILITY INFORMATION

| | | | |
|---|----------------------------------|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) The Victor Bldg | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 201 N. Front Street | | | |
| City (5) Camden | | Square Feet 90,000 | # of Floors 7 |
| | | Bldg. Age 100 + | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|---|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni | | ASCM No. | Name of Abatement Contractor (9) DELTA/BJDS, INC | |
| Street Address 515 Grove Street, Suite 1B | | Street Address 1345 INDUSTRIAL BLVD. | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | City, State, Zip Code SOUTHAMPTON PA 18966 | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone No. 856-656-2875 | Telephone No. 215 322-2900 | License No. 00783 |

| | | |
|-------------------------------|---|--|
| Start Date (10) 2 / 1 / 19 | Scheduled Completion Date (11) 3 / 31 / 19 | Name of OSHA Monitor Criterion Labs |
|-------------------------------|---|--|

| | |
|--|---|
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM | Street Address 400 Street Road City, State, Zip Code Bensalem Pa 19020 |
|--|---|

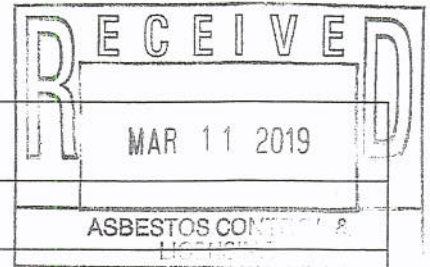
Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> 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 |
| 1 st Floor Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 160 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Radiator Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement ADD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Ins. above Plaster Ceiling | 600 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement ADD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contaminated Plaster Ceiling | 12,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|------------------------------|------------------------------------|----------------------|---|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State 58 PYLES LANE NEW CASTLE DE | | | Disposal Date | City, State WAYNESBURG, OHIO | |
| Completed By (Print or Type) CHRISTINE DEL VISCIO | Title ASST. ADMINISTRATOR | Signature | | Date 2-15-2019 | |

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



| | | | |
|---|--|---|---|
| Date of Notification (1) 1 / 22 / 19 | | Name of Building Owner/Operator (2) Millennial Partners LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment #1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Riverside Drive Suite 500 | |
| | | City, State, Zip Code Camden NJ 08103 | |
| | | Name of Contact | Telephone Number 1 800 971-6773 |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) The Victor Bldg | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 201 N. Front Street | | Square Feet 90,000 | # of Floors 7 |
| City (5) Camden | | Bldg. Age 100 + | |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|--|--------------------------------------|--|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) Vertex | | ASCM No. | Name of Abatement Contractor (9) DELTA/BJDS, INC | |
| Street Address 700 Turner Way Suite 105 | | Street Address 1345 INDUSTRIAL BLVD. | | |
| City, State, Zip Code Aston Pa 19014 | | City, State, Zip Code SOUTHAMPTON PA 18966 | | |
| Project Manager for Monitoring Firm David Brown | Telephone No. 610-558-8902 | Telephone No. 215 322-2900 | License No. 00783 | |

| | | | |
|---|--|---|--|
| Start Date (10) 2 / 1 / 19 | Scheduled Completion Date (11) 3 / 31 / 19 | Name of OSHA Monitor Criterion Labs | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / PM - AM | | Street Address 400 Street Road | |
| | | City, State, Zip Code Bensalem Pa 19020 | |

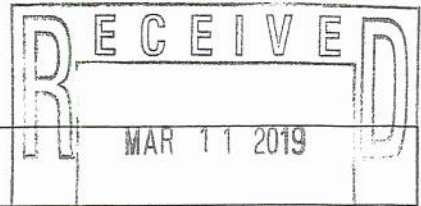
Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> 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 |
| 1 st Floor Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 160 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Radiator Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|-------------------------------------|---|-------------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State 58 PYLES LANE NEW CASTLE DE | | | Disposal Date | City, State WAYNESBURG, OHIO | |
| Completed By (Print or Type) CHRISTINE DEL VISCIO | Title ASST. ADMINISTRATOR | Signature <i>Christine DelViscio</i> | Date 2-6-2019 | | |

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



1370-03

| | | | |
|---|--|---|---|
| Date of Notification (1) 1 / 22 / 19 | | Name of Building Owner/Operator (2) Millennial Partners LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Riverside Drive Suite 500 | |
| | | City, State, Zip Code Camden NJ 08103 | |
| | | Name of Contact | Telephone Number 1 800 971-6773 |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|---|
| Name of Facility Where Abatement is Taking Place (3) The Victor Bldg | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 201 N. Front Street | | | |
| City (5) Camden | Square Feet 90,000 | # of Floors 7 | Bldg. Age 100 + |
| County (6) Camden | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) |

| | | | | |
|--|--------------------------------------|--|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) Vertex | | ASCM No. | Name of Abatement Contractor (9) DELTA/BJDS, INC | |
| Street Address 700 Turner Way Suite 105 | | Street Address 1345 INDUSTRIAL BLVD. | | |
| City, State, Zip Code Aston Pa 19014 | | City, State, Zip Code SOUTHAMPTON PA 18966 | | |
| Project Manager for Monitoring Firm David Brown | Telephone No. 610-558-8902 | Telephone No. 215 322-2900 | License No. 00783 | |

| | | | |
|---|--|---|--|
| Start Date (10) 2 / 1 / 19 | Scheduled Completion Date (11) 3 / 31 / 19 | Name of OSHA Monitor Criterion Labs | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM-_____ AM | | Street Address 400 Street Road | |
| | | City, State, Zip Code Bensalem Pa 19020 | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 160 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|----------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State 58 PYLES LANE NEW CASTLE DE | | | Disposal Date | City, State WAYNESBURG, OHIO | |

| | | | |
|---|-------------------------------------|---|--------------------------|
| Completed By (Print or Type) CHRISTINE DEL VISCIO | Title ASST. ADMINISTRATOR | Signature <i>Christine DelViscio</i> | Date 1-22-2019 |
|---|-------------------------------------|---|--------------------------|