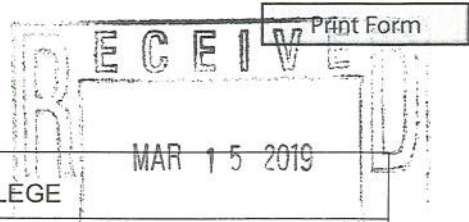


OK 24245

PAID

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



Date of Notification (1) 3/11/2019		Name of Building Owner/Operator (2) PASSAIC COUNTY COMMUNITY COLLEGE	
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 ONE COLLEGE BOULEVARD	
		City, State, Zip Code PATERSON, NJ 07505	
		Name of Contact BRIAN EGAN	Telephone Number 973-684-5999

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PASSAIC COUNTY COMMUNITY COLLEGE		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 113-119 COLLEGE BLVD.		Square Feet	# of Floors
City (5) PATERSON		Bldg. Age	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE		
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512		
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 3/21/2019	Scheduled Completion Date (11) 4/11/2019	Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 80	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 4/11/2019	City, State MORRISVILLE, PA		
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 3/11/2019	

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

PAID

Check # 8334

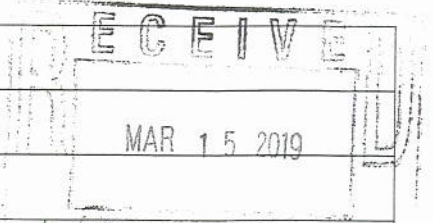
Date of Notification (1) March 04, 2019		Name of Building Owner/Operator (2) Ms. Barbara Zim		RECEIVED MAR 15 2019 08083				
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerdale, New Jersey 08083						
		Name of Contact Barbara Zim		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling			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) Somerdale		Square Feet 1890 SF	# of Floors 2	Bldg. Age 60yrs				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None	Name of Abatement Contractor (9) Quality Environmental Concepts					
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road						
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094						
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	Telephone No. 856-629-1166	License No. 01086				
Start Date (10) 03-15-2019		Scheduled Completion Date (11) 03-22-2019		Name of OSHA Monitor Quality Environmental Concepts				
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: _____			1053 North Tuckahoe Road					
			City, State, Zip Code Williamstown, New Jersey 08094					
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) 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
Crawl space			X	Asbestos cloth wrap on ductwork	85 SF	X		
Exterior Patio Floor			X	9"x9" VAT only Paint mastic	330 SF	X		
Heater Room			X	Flex duct connectors (2)	30 SF	X		
				Asbestos Cloth wrap				
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 40y 6cy	Name of Registered Landfill Salem County Solid Waste Landfill				
City, State Williamstown, New Jersey		Disposal Date TBD	City, State Salem NJ Alloway Co					
Completed by Edward Knorr		Title Vice President	Signature Edward Knorr	Date 03-04-19				

OK 1031

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

ck# 1031



Date of Notification (1) 3/12/2019		Name of Building Owner/Operator (2) private property	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [Redacted]
	City, State, Zip Code Milltown NJ		Name of Contact Danny Matarese
			Telephone Number

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 1	# of Floors 1
City (5) Milltown NJ		Bldg. Age +50	
County (6) Middlesex County		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) 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) 3/22/2019	Scheduled Completion Date (11) 3/26/2019	Name of OSHA Monitor ACM Solutions 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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 1435 51st Street	
		City, State, Zip Code North Bergen NJ 07047	

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
main Roof			X	roof Flashing	200LF	X			
main roof			X	coping stone	18 SF	X			
exterior			X	transite	100sf	X			
1ST Floor			X	gasket	100 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 3/12/2019

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

Chart # 3218

RECEIVED

GAC Project # 060-18

<u>Date of Notification (1)</u> March 12, 2019		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification (2 Work Areas) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY	<u>Telephone Number</u> 848-445-2550

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> OIT OFFICE BLDG, BLDG# 4117			<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 buildings, homes, etc.) Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years	
<u>Street Address</u> LIVINGSTON CAMPUS				
<u>City (5)</u> PISCATAWAY	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ACADEMIC	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC	<u>ASCM No.</u> 00098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.		
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 511 MAIN STREET		

<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405		
<u>Project Manager for Monitoring Firm</u> BRIAN R. KEARNEY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840	

<u>Scheduled Start Date (10)</u> 03/22/2019	<u>Scheduled Completion Date (11)</u> 03/25/19	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.		
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<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 - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		<u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E		
		<u>City, State, Zip Code</u> FAIRLAWN, NJ 07410		

Scope of Work (Check all that apply)

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

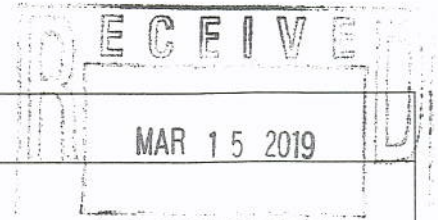
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Room 102E	<input checked="" type="checkbox"/>	VAT	260 SF	<input checked="" type="checkbox"/>
Room 111A	<input checked="" type="checkbox"/>	VAT	370 SF	<input checked="" type="checkbox"/>

<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 10 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 03/25/2019	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509			

<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> March 12, 2019
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CK 1952 PAID

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



Date of Notification (1) 03-08-19		Name of Building Owner/Operator (2) DCR Development Corp.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1214 Anderson Ave.	
		City, State, Zip Code Fort Lee, NJ 07204	
		Name of Contact Dave Lorenzo	Telephone Number (551) 486-0560

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <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) Palisades Park		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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. 201 216-9603	License No. 01206
Start Date (10) 03-19-19	Scheduled Completion Date (11) 03-21-19	Name of OSHA Monitor Delfa Contracting 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

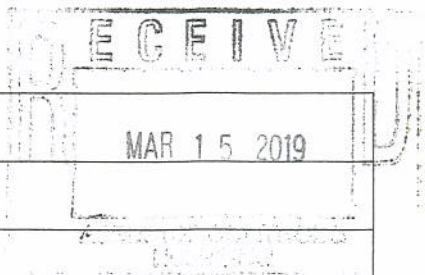
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear Roof		x		Roof Flashing	15 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 03-23-19		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Project Manager	Signature 	Date 03-08-19	

CK1953

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



Date of Notification (1) 03-08-19		Name of Building Owner/Operator (2) DCR Development Corp.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1214 Anderson Ave. City, State, Zip Code Fort Lee, NJ 07204 Name of Contact Dave Lorenzo Telephone Number (551) 486-0560							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <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) Palisades Park		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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. 201 216-9603	License No. 01206							
Start Date (10) 03-19-19	Scheduled Completion Date (11) 03-21-19	Name of OSHA Monitor Delfa Contracting 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 522 7th St. City, State, Zip Code Union City NJ 07087								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
Garage		x		Roof	400 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City, NJ		Disposal Date 03-23-19		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Project Manager		Signature 				Date 03-08-19		

CK 2891

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

RECEIVED
 MAR 15 2019

Date of Notification (1) 03/11/19		Name of Building Owner/Operator (2) South Plainfield Board of Education		MAR 15 2019								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 Jackson Ave. 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		Bldg. Age							
City (5) South Plainfield			# of Floors									
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) 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) 03/22/19		Scheduled Completion Date (11) 04/5/19		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"/> ≥ 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
Room 8		Yes	No	N/A	Drop Ceiling Panels 2x4		600sf		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 03/11/19						

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

Check # 3126

Date of Notification (1) 3/11/2019		Name of Building Owner/Operator (2) Residential	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Woodland Park, NJ, 07424	
		Name of Contact Mr. Maureen Mulroony	Telephone Number [REDACTED]

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2500	# of Floors 2
City (5) Woodland Park		Bldg. Age 89	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 928-5040	License No. 00874

Start Date (10) 3/21/2019	Scheduled Completion Date (11) 3/28/2019	Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" 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
Basement		x		Pipe Insulation & fittings	220 LF	x			

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC
City, State New Castle, Delaware		Disposal Date TBD	City, State Waynesburg, Ohio
Completed by Predrag Sarcev	Title Vice President	Signature 	Date 3/11/2019

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

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BEST REMOVAL INC

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**State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:69 and 12:128)**

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Date of Notification (1) 3/11/19		Name of Building Owner/Operator (2) MARK SHILLING				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment & Attachment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
		City, State, Zip Code SUMMIT, NJ, 07901				
		Name of Contact MR R KELLER	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MARK SHILLING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 6000	# of Floors 3			
City (5) SUMMIT		Blgd. Age 1920				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (for if being demolished) CEB105PCB				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Telephone No.		201-329-7444	00388			
Start Date (10) 3/14/19	Scheduled Completion Date (11) 3/15/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 9:00AM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 1/2 ft or 2 3/4 ft <input type="checkbox"/> 1 1/2 ft or 2 1/4 ft <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-Encapsulated (*) and Non-Fixable 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 LP)	Abatement Type		
				Removal	Repair	Enclosure
1 FLOOR ROOF		THERMAL SYSTEM INSULATION	30 LP	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 3/15/19	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>	Date 3/11/19		

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

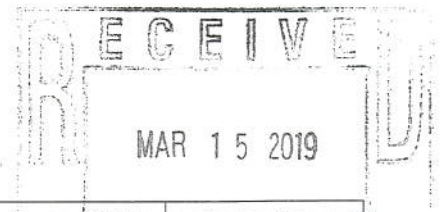
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Date of Notification (1) 1/9/2019		Name of Building Owner/Operator (2) NJSDA		MAR 15 2019							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 32 EAST FRONT ST., P.O. BOX 991					
		City, State, Zip Code TRENTON, NJ 08625				Name of Contact CLAIR TSAI-OCHS/ROBERT RYAN					
				Telephone Number 609-858-5186							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET 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 355 CLEVELAND STREET			Square Feet								
City (5) ORANGE			# of Floors		Bldg. Age						
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.								
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE									
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512									
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700	License No. 00494							
Start Date (10) 1/21/2019		Scheduled Completion Date (11) 4/30/2019		Name of OSHA Monitor SAME AS (9) 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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED											
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.							
City, State TOTOWA, NJ		Disposal Date 4/30/2019		City, State MORRISVILLE, PA							
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 1/9/2019					



➤ CLEVELAND STREET ELEMENTARY SCHOOL

PHASE-1				
G-1 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Corridor B	Wall plaster top coat / base coat	800 SQ FT	4% Chrysotile	Full containment
A07- fan room	Wall plaster top coat / base coat	200 SQ FT	4% Chrysotile	Full containment
A07- fan room	Pipe insulation	100 LF	10-20% Chrysotile	Full containment
Room 21	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 21	Built-up flooring – Multi-layer	700 SQ FT	10% Chrysotile	Full containment
West stair tower 'A' ground floor through attic	Wall & ceiling plaster top coat and base coat	3,200 SQ FT	4% Chrysotile	Full containment
West stair tower 'A' 1st & 2nd floor landings	Built-up flooring – Multi-layer	120 SQ FT	10% Chrysotile	Full containment
Room 18 and storage	Pipe insulation	30 LF	10-20% Chrysotile	Full containment
Room 18 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
Room 19 and storage	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 19 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
G-2 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Sub-stair tower 'B' Ground floor through 2nd floor	Wall plaster top coat / base coat	1,620 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Ceiling systems, plaster / top coat and base coat	155 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Pipe insulation	10 LF	10-20% Chrysotile	Full containment
A08 – equipment room	Wall plaster top coat / base coat	70 SQ FT	4% Chrysotile	Full containment
Corridor B & A-09 pantry	Wall plaster top coat / base coat	560 SQ FT	4% Chrysotile	Full containment
PHASE-2				
F.1 work area - 1st Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
ESL	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
ESL	Wall plaster top coat and base coat	52 SQ FT	4% Chrysotile	Full containment
ESL	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
ESL & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 6	Fin tube radiators, wall plaster top coat/base coat	150 SQ FT	4% Chrysotile	Full containment
Room 6	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Ceiling systems, plaster / top coat and base coat	735 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Spot removal - wall plaster / top coat and base coat	11 SQ FT	4% Chrysotile	Full containment
Room 7	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 7	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Ceiling systems, plaster / top coat and base coat	904 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Room 8	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 8	Wall plaster top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 8, closets & storage	Ceiling systems, plaster / top coat and base coat	930 SQ FT	4% Chrysotile	Full containment
Room 8, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment



Room 5	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 5	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 5	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment

PHASE-2				
F.1 work area - 1 st Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 5 & closet	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 5, closets & storage	Ceiling systems, plaster / top coat and base coat	944 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 5 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 5 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Wall plaster top coat and base coat	500 SQ FT	4% Chrysotile	Full containment
Room 4	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 4, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 4	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 4 & hall wall	Wall plaster top coat and base coat	280 SQ FT	4% Chrysotile	Full containment
Room 4 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 4 storage	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 4 storage & hall wall	Wall plaster top coat and base coat	564 SQ FT	4% Chrysotile	Full containment
Principal's office storage	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Principal's office storage	Spot removal built up flooring section to substrate	2 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/storage	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/storage	Wall plaster top coat and base coat	1,150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/storage	Ceiling systems, plaster / top coat and base coat	903 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/storage	Tiles and associated built up flooring to substrate	928 SQ FT	2.7-10% Chrysotile	Full containment
Main office/Prin office/storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Ceiling systems, plaster / top coat and base coat	1,965 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Spot removal - wall plaster / top coat and base coat	60 SQ FT	4% Chrysotile	Full containment
Vestibule	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Vestibule	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 3	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 3	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 3, closet & storage	Ceiling systems, plaster / top coat and base coat	953 SQ FT	4% Chrysotile	Full containment
Room 3 & storage	Spot removal - wall plaster / top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 1	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment

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Room 1	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Room 1, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 1 & closet	Wall plaster top coat / base coat	380 SQ FT	4% Chrysotile	Full containment
Room 1 storage	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Wall plaster top coat / base coat	280 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7-10% chrysotile	Full containment
Room 1 storage	Spot removal - wall plaster / top coat and base coat	10 SQ FT	4% Chrysotile	Full containment
Room 2	Fin tube radiators, wall plaster top coat / base coat	220 SQ FT	4% Chrysotile	Full containment
Room 2	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 2, closet & storage	Ceiling systems, plaster / top coat and base coat	949 SQ FT	4% Chrysotile	Full containment
Room 2 & storage	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Kinder bathroom	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & Corridor B adjacent	Window well wall plaster top coat / base coat	18 SQ FT	4% Chrysotile	Full containment
Kinder bathroom, Corr B & stair entrance	Wall plaster top coat / base coat	600 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & stair B entrance	2-door frame & wall scratch coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom	Built up flooring to joist	33 SQ FT	2.7% Chrysotile	Full containment
Nurse restroom & office	Wall plaster top coat / base coat	450 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	Ceiling systems, plaster / top coat and base coat	245 SQ FT	4% Chrysotile	Full containment
Nurse office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment

PHASE-3				
S-1 work area - 2 nd Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Storage/CST office	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
Storage/CST office	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Storage/CST office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 13	Metal spline & tin ceiling systems	735 SQ FT	4% Chrysotile	Full containment
Room 13	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 13	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 13 & closet	Spot removal - wall plaster / top coat and base coat	12 SQ FT	4% Chrysotile	Full containment
Room 17	Metal spline & tin ceiling systems	749SQ FT	4% Chrysotile	Full containment
Room 17	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 17	4-door frame & wall plaster top coat and base coat	64 SQ FT	4% Chrysotile	Full containment
Room 17	Wall plaster top coat and base coat	700 SQ FT	4% Chrysotile	Full containment
Room 17	Tiles and associated built up flooring to substrate	800 SQ FT	3-10% Chrysotile	Full containment
Room 17	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Rooms 16 & 17 storage areas	Metal spline & tin ceiling systems	232 SQ FT	4% Chrysotile	Full containment
Rooms 16 & 17 storage areas	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment

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Rooms 16 & 17 storage areas & hall wall	Wall plaster top coat and base coat	1,200 SQ FT	4% Chrysotile	Full containment
Room 16 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Room 16	Metal spline & tin ceiling systems	775 SQ FT	4% Chrysotile	Full containment
Room 16	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 16	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 16	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 15	Metal spline & tin ceiling systems	779 SQ FT	4% Chrysotile	Full containment
Room 15	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 15	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 15	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Built up flooring to joist	140 SQ FT	2.7-10% Chrysotile	Full containment
Room 15 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 15 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 15 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 14	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 14	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 14	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 14 & hall wall	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 14	Wall plaster top coat and base coat	580 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 14 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 12	Metal spline & tin ceiling systems	780 SQ FT	4% Chrysotile	Full containment
Room 12	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 12	Spot removal - wall plaster / top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 12 storage & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Ceiling systems, plaster / top coat and base coat	128 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Wall plaster top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal built up flooring section to substrate	3 SQ FT	2.7% Chrysotile	Full containment
Speech	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Speech	Spot removal - wall plaster / top coat and base coat	8 SQ FT	4% Chrysotile	Full containment
Room 11	Metal spline & tin ceiling systems	800 SQ FT	4% Chrysotile	Full containment

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

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Date of Notification (1) 03/11/2019		Name of Building Owner / Operator (2) Monmouth Custom Builders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 675 Ocean Ave Unit #8D
			City, State & Zip Code Long Branch
			Name of Contact Roy Levy
			Telephone Number 732-778-8293

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	# of Floors 1
City (5) Long Branch	County (6) Monmouth	County Code (7)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residential	
Street Address		Name of Abatement Contractor (9) Alpha Environmental LLC	
City, State & Zip Code		Street Address P O 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) 03/20/2019	Scheduled Completion Date (11) 03/26/2019	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 Route 130 North	
Scope of Work (Check all that apply)		City, State & Zip Code Cinnaminson, NJ 08077	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical Ceiling	1,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 03/11/2019

OK 9/12/19

PAID

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

RECEIVED
 MAR 15 2019

Date of Notification (1) 2.21.19		Name of Building Owner/Operator (2) Derrick Layton	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Montclair NJ 07042	
		Name of Contact Derrick Layton	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same		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 Same		Square Feet 3003	# of Floors 2	Bldg. Age 112
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service	
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St		
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136		
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 201-864-6583	Telephone No. 215 333-5117	License No. 01328

Start Date (10) 2.22.19	Scheduled Completion Date (11) 2.23.19	Name of OSHA Monitor A.E.S.L.
----------------------------	---	----------------------------------

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 Same
	City, State, Zip Code Same

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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		VAT	700sf	x			
Kitchen		x		VAT	180sf	x			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32787	Cubic Yards of Waste	Name of Registered Landfill Waste Management	
City, State Elizabeth NJ		Disposal Date		City, State Tullytown PA	
Completed by Anthony Jones		Title Project Manager	Signature <i>Anthony Jones</i>		Date 2.21.19

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

PAID

Check # 1084

Date of Notification (1) 03/07/2019		Name of Building Owner/Operator (2) Tamer Masak	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Roselle Park, NJ 07204		Telephone Number MAR 15 2019
	Name of Contact Tamer Masak		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential 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 1,828	# of Floors 2	Bldg. Age 1929
City (5) Roselle Park	County (6) Union	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) Danvic Contracting LLC	
Street Address		Street Address 240 South 5th St.		
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355
Start Date (10) 03/20/2019	Scheduled Completion Date (11) 03/27/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ, 07083		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature 		Date 03/07/2019

Check#3290

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

RECEIVED

MAR 15 2019

Date of Notification (1) 03 / 12 / 19		Name of Building Owner/Operator (2) Rick Barrick	
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 Flemington, NJ 08822
			Name of Contact Rick Barrick

FACILITY INFORMATION

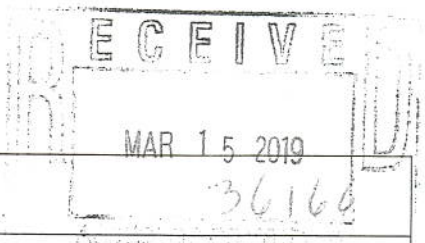
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Flemington, NJ 08822		Square Feet	# of Floors
		Bldg. Age	
County (6) Hunterdon	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 / 21 / 19	Scheduled Completion Date (11) 03 / 23 / 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 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	
<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		

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"/>	Pipe insulation	135 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 03/12/19	

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



Date of Notification (1) 03 / 12 / 19		Name of Building Owner/Operator (2) CSE Corp.	
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 617 Union Avenue, Bldg. 3, Suite 3	
		City, State, Zip Code Brielle, NJ 08730	
		Name of Contact Chris Wilcox	Telephone Number 732-241-4555

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]		Square Feet # of Floors Bldg. Age 750 sf 1 65	
City (5) Wall Twp.	County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) N/A		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 / 25 / 19	Scheduled Completion Date (11) 03 / 26 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

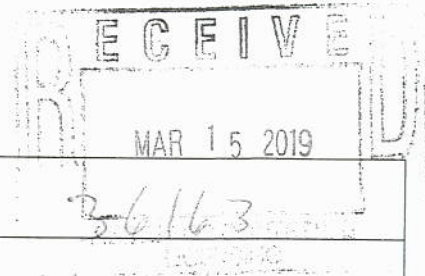
Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input 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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 03/26/19	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fericola	Title Project Manager	Signature 		Date 3/12/19	

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



OK 30163 PAID

Date of Notification (1) 03 / 12 / 19		Name of Building Owner/Operator (2) Jacobs Demolition	
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 P O Box 9	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	Telephone Number 732-528-3800

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]		Square Feet 1800 sf	
City (5) Lavallette		# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		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. 732-349-9932	License No. 00624
Start Date (10) 03 / 22 / 19	Scheduled Completion Date (11) 03 / 25 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 03/25/19		City, State Tullytown, Pennsylvania	

Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>N. Fernicola</i>	Date 3/21/19
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PAID

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

CHK# 1307

RECEIVED

MAR 15 2019

Date of Notification (1) 3/11/19		Name of Building Owner/Operator (2) Shelley Curnow	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code Maplewood, NJ 07040
			Name of Contact Shelly Curnow
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Maplewood, NJ 07040	Square Feet 2,082	# of Floors 2	Bldg. Age 97
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)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 3/20/19	Scheduled Completion Date (11) 3/20/19	Name of OSHA Monitor Envirovision Consultants, 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: 08:00 AM Start		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Asbestos containing Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD	City, State Morrisonville, PA
Completed by Zhivko Nikolov	Title President	Signature 	Date 3/11/19

Check # 2460

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

RECEIVED

MAR 15 2019

Date of Notification (1) 3/10/2019		Name of Building Owner / Operator (2) Sunoco Partners Marketing & Terminals, LP.-Eagle Point Facility	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1250 Crown Point Road City, State & Zip Code Westville, NJ 08093
			Name of Contact Ron Rosendorn
		Telephone Number 856-853-3155	

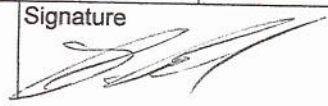
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eagle Point Facility			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 1250 Crown Point Road			Square Feet n/a	# of Floors n/a	Bldg. Age n/a
City (5) Westville	County (6) Gloucester	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental		
Street Address		Street Address PO Box 8297			
City, State & Zip Code		City, State & Zip Code Trenton, NJ 08650			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01222	
Scheduled Start Date (10) 3/19/2019	Scheduled Completion Date (11) 12/31/2019		Name of OSHA Monitor ALPHA Environmental		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address PO Box 8297		
			City, State & Zip Code Trenton NJ 08650		

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 checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Rack -Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	3500lf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 100	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 		Date 3/10/2019

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

CK 2964 PAID

RECEIVED

MAR 15 2019

Date of Notification (1) 3-12-2019		Name of Building Owner / Operator (2) Ventnor on the Bay Condominium Association	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 6101 Monmouth Ave
			City, State & Zip Code Ventnor City, NJ 08406
		Name of Contact Rick	Telephone Number 609-457-0086

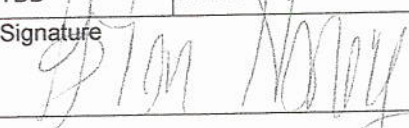
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ventnor by the Bay			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 6101 Monmouth Ave			Square Feet 110,000	# of Floors 11	Bldg. Age 52 yrs
City (5) Ventnor City, NJ 08406	County (6) Atlantic County	County Code (7)	Current Use (Prior if being demolished) Condominiums		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 3-26-2019	Scheduled Completion Date (11) 4-3-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am-8:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breaching Material	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting	1 each	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 3/12/2019

PAID

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

OK 2918

RECEIVED
MAR 15 2019

Date of Notification (1) <u>2</u> / <u>28</u> / 2019		Name of Building Owner/Operator (2) Camp Kilmer A Urban Renewal Associates, ELC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 N. 31st Street		Telephone Number 267-386-8600				
			City, State, Zip Code Philadelphia, PA 19121						
			Name of Contact Jacob Fisher						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camp Kilmer Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 111 Truman Drive			Square Feet 45,000						
City (5) Edison, NJ			# of Floors 1	Bldg. Age 50					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant (former army base)					
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 304 Harper Drive, Suite 207			Street Address 923 Haws Avenue						
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-581-9055	Telephone No. 610-239-9920	License No. 00398					
Start Date (10) <u>1</u> / <u>2</u> / <u>19</u>	Scheduled Completion Date (11) <u>5</u> / <u>6</u> / <u>19</u>		Name of OSHA Monitor Plymouth Environmental Co., Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:30</u> AM- <u>3:30</u> PM/____PM-____AM			Street Address 923 Haws Avenue						
			City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile & mastic	40,000 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"/>	wall/mirror mastic	1,700 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 fittings	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	breaching	150 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"/>	block wall seam caulking	825 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 360	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date 5-6-19	City, State Waynesburg, OH						
Completed By (Print or Type) James M. Kelly		Title Vice-President	Signature 		Date 2-28-19				

PAID

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

OK 33931

Date of Notification (1)
3 / 11 / 19

Name of Building Owner/Operator (2)
VERIZON

Street Address
178 FIRST AVENUE

City, State, Zip Code
ATLANTIC HIGHLANDS, NJ 07716

Name of Contact
JOSEPH HANLEY

Telephone Number
929-308-1398

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 Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

RECEIVED
MAR 15 2019

Name of Facility Where Abatement is Taking Place (3)
VERIZON

Street Address
224-240 LYONS AVENUE

City (5)
NEWARK

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ESIS/CHUBB

Street Address
10 EXCHANGE PLACE

City, State, Zip Code
JERSEY CITY, NEW JERSEY 07302

Project Manager for Monitoring Firm
BRIAN KINGSBURY

Telephone Number
201-388-0620

Expected State Date (10)
3 / 25 / 19

Sched. Completion Date (11)
6 / 30 / 19

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR 260 LF
<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	Criticals with Negative Pressure
<input type="checkbox"/>	Mini-Encl, Glovebag Procedure
<input checked="" type="checkbox"/>	Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR NORTHSIDE			X	EXTERIOR WINDOW CAULK	386 LF	X			
EXTERIOR SOUTHSIDE			X	EXTERIOR WINDOW, DOOR, LOUVER	386 LF	X			
EXTERIOR EASTSIDE			X	EXTERIOR DOOR CAULK	35 LF	X			
EXTERIOR WESTSIDE			X	EXTERIOR DOOR & WINDOW CAULK	193 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
40

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NJ 07105

Disposal Date
03/26-06/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature
[Signature]

Date
3/11/19

NO
CK

RECEIVED
MAR 15 2019

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

Date of Notification (1)
3 / 11 /19

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
MICHAEL MARCONI

Telephone Number
973-761-9439

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification #2
 Cancellation
 On Hold
 EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (ie. private & comml. bldgs., homes, etc.)

Square Feet
60,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
UNIVERSITY

County Code (7) (STATE USE ONLY)
ESSEX

ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENVIRONMENTAL

Street Address
280 HUYLER STREET

City, State, Zip Code
SOUTH HACKENSACK, NEW JERSEY 07606

Telephone Number
201-489-8700

Project Manager for Monitoring Firm
GEISER FAJARDO

Expected Start Date (10): (RESTART)
12 / 26 /18

Sched. Completion Date (11)
5 / 01 /19

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Telephone Number
845-369-7500

License Number
1101

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe: MONDAY -FRIDAY 6PM-2AM

Scope of Work (Check all that apply)
 Demolition
 >3SF OR LF
 >160 SF OR 260 LF

Renovation

Full Containment with Negative Pressure
 Mini-Enclor.
 Glovebag Procedure
 Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS			X	VAT	complete	835 SF	X				
2ND FLOOR ROOMS 118,120,121,122A			X	VAT		315 SF	X				
2ND FLOOR ROOM 106			X	VAT		85 SF	X				
2ND FLOOR ROOM 104 & MAIN CORRIDOR			X	TSI & DEBRIS	complete	335 SF	X				
2ND FLOOR ROOMS 108,110,112,114,118,120			X	VAT		170 LF	X				
ATTIC-THROUGHOUT			X	VAT		78 SF	X				

Name of Registered Waste Hauler
NEWARK CARTING INC.
369 RAYMON BLVD.
City, State
NEWARK, NEW JERSEY 07105

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
20

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
12/26-05/01/19

City, State
PLAINFIELD TOWNSHIP, PA

Signature
[Signature]

Date
3-11-19

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

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

RECEIVED
 MAR 15 2019

Date of Notification (1)
 1 / 3 / 19

Name of Building Owner/Operator (2)
 SETON HALL UNIVERSITY

Street Address
 400 SOUTH ORANGE AVENUE

City, State, Zip Code
 SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
 MICHAEL MARCONI

Telephone Number
 973-761-9439

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

- Type Notification
- Initial Notification
 - Amended Notification
 - Cancellation
 - On Hold #1
 - EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 SETON HALL UNIVERSITY

Street Address
 400 SOUTH ORANGE AVENUE - McQUAID HALL

City (5)
 SOUTH ORANGE

County (6)
 ESSEX

County Code (7)
 (STATE USE ONLY)

ASCM No.
 3

Type of Facility (4)

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

Square Feet
 60,000

of Floors
 3

Bldg. Age
 40+

Current Use (Prior if being demolished)
 UNIVERSITY

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Telephone Number
 845-369-7500

License Number
 1101

Name of Monitoring Firm Hired by Building Owner (8)
 OMEGA ENVIRONMENTAL

Street Address
 280 HUYLER STREET

City, State, Zip Code
 SOUTH HACKENSACK, NEW JERSEY 07606

Project Manager for Monitoring Firm
 GEISER FAJARDO

Telephone Number
 201-489-8700

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Street Address
 1376 ROUTE 9

City, State, Zip Code
 WAPPINGERS FALLS, NY 12590

EXPECTED START DATE (10): (RESTART)
 12 / 26 / 18

Sched. Completion Date (11)
 5 / 01 / 19

- Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
 - Abatement Performed Outside of Normal Facility Hours - Describe:
 - Other - Describe: MONDAY -FRIDAY 4PM-12AM

- Scope of Work (Check all that apply)
- Demolition
 - >3SF OR LF
 - >160 SF OR 260 LF
 - Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS			X	VAT	complete 835 SF	X			
2ND FLOOR ROOMS 118,120,121,122A			X	VAT	315 SF	X			
2ND FLOOR ROOM 106			X	VAT	85 SF	X			
2ND FLOOR ROOM 104 & MAIN CORRIDOR			X	VAT	335 SF	X			
2ND FLOOR ROOMS 108,110,112,114,118,120			X	TSI & DEBRIS	complete 170 LF	X			
ATTIC THROUGHOUT			X	VAT	78 SF	X			

Name of Registered Waste Hauler
 NEWARK CARTING INC.
 369 RAYMON BLVD.
 City, State
 NEWARK, NEW JERSEY 07105

NJDEP Waste Hauler ID No.
 913

Cubic Yards of Waste
 20

Name of Registered Landfill
 GRAND CENTRAL SANITARY LANDFILL


Disposal Date
 12/26-05/01/19

City, State
 PLAINFIELD TOWNSHIP, PA

Date
 1/3/19

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature


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

RECEIVED

MAR 15 2019

Date of Notification (1)
 12 / 17 /18

Name of Building Owner/Operator (2)
 SETON HALL UNIVERSITY

Street Address
 400 SOUTH ORANGE AVENUE

City, State, Zip Code
 SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
 MICHAEL MARCONI

Telephone Number
 973-761-9439

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 Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place (3)
 SETON HALL UNIVERSITY

Street Address
 400 SOUTH ORANGE AVENUE - McQUAID HALL

City (5)
 SOUTH ORANGE

County (6)
 ESSEX

County Code (7)
 (STATE USE ONLY)

ASCM No.
 3

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
 60,000

of Floors
 3

Bldg. Age
 40+

Current Use (Prior if being demolished)
 UNIVERSITY

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Telephone Number
 845-369-7500

License Number
 1101

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Street Address
 1376 ROUTE 9

City, State, Zip Code
 WAPPINGERS FALLS, NY 12590

Project Manager for Monitoring Firm
 GEISER FAJARDO

Telephone Number
 201-489-8700

EXPECTED START DATE (10): (RESTART)
 12 / 26 /18

Sched. Completion Date (11)
 5 / 01 /19

Month Day Year

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MONDAY -FRIDAY 4PM-12AM

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR 260 LF
<input checked="" type="checkbox"/>	Renovation

Full Containment with Negative Pressure

Mini-Encl.

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS			X	VAT ✓	835 SF	X			
2ND FLOOR ROOMS 118,120,121,122A			X	VAT	315 SF	X			
2ND FLOOR ROOM 106			X	VAT	85 SF	X			
2ND FLOOR ROOM 104 & MAIN CORRIDOR			X	VAT	335 SF	X			
2ND FLOOR ROOMS 108,110,112,114,118,120			X	TSI & DEBRIS ✓	170 LF	X			
ATTIC-THROUGHOUT			X	VAT	78 SF	X			

Name of Registered Waste Hauler
 NEWARK CARTING INC.
 369 RAYMON BLVD.

NJDEP Waste Hauler ID No.
 913

Cubic Yards of Waste
 20

Name of Registered Landfill
 GRAND CENTRAL SANITARY LANDFILL


City, State
 NEWARK, NEW JERSEY 07105

Disposal Date
 12/26-05/01/19

City, State
 PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature


Date
 12-17-18

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

RECEIVED
MAR 15 2019

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CK # 1184

Date of Notification (1)
03/12/2019

Name of Building Owner/Operator (2)
Ray & Nina Cuny

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

Street Address: [REDACTED]

City, State, Zip Code: **Newfoundland, NJ 07435**

Name of Contact: **Amy**

Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Private home**

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

Street Address: [REDACTED]

City (5): **Newfoundland**

County (6): **Passaic**

County Code (7) (STATE USE ONLY): _____

Name of Monitoring Firm Hired by Building Owner (8): _____

ASCM No.: _____

Name of Abatement Contractor (9): **Removal Safety LLC**

Street Address: **8 Crosby Ave**

City, State, Zip Code: **Paterson, NJ 07502**

Project Manager for Monitoring Firm: _____

Telephone No.: _____

Telephone No.: **973-400-8711**

License No.: **01332**

Start Date (10): **03/21/2019**

Scheduled Completion Date (11): **03/24/2019**

Name of OSHA Monitor: **Same as (9)**

Occupancy Status During Abatement (Check Only One): Other - Describe: **8:00 am - 4:30 pm**

Scope of Work (Check All That Apply): ≥3 sf or ≥3 lf, ≥160 sf or ≥260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Dining room			X	Floor tiles	290 SF	X		X	

Name of Registered Waste Hauler: **Removal Safety LLC**

NJDEP Waste Hauler ID No.: **0037007**

Cubic Yards of Waste: **2**

Name of Registered Landfill: **Fairless**

City, State: **Paterson, NJ**

Disposal Date: **TBD**

City, State: **Morrisville, PA**

Completed by: **Lasko Veskov**

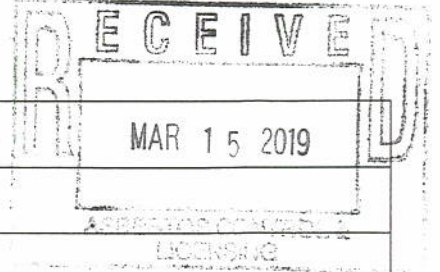
Title: **President**

Signature: *Lasko Veskov*

Date: **03/12/2019**

OK 000457 PAID

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



Date of Notification (1) 02/20/2019		Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 974 Centre Road P.O. Box 2915	
		City, State, Zip Code Wilmington, DE 19805	
		Name of Contact Bryan Mumink	Telephone Number 856-276-9224

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DuPont Chambers Works - Diamines Bunker and Pipe Racks		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 Canal Road		Square Feet	# of Floors Bldg. Age 50+
City (5) Deepwater	County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive	
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm JT Morrison	Telephone No. 302-326-2333	Telephone No. 610-691-1800	License No. 00721
Start Date (10) 03/06/2019	Scheduled Completion Date (11) 04/11/2019	Name of OSHA Monitor Brandenburg	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO- 04/15/2019-05/02/2019		Street Address 2217 Spillman Drive	
		City, State, Zip Code Bethlehem PA 18015	

Scope of Work (Check All That Apply)

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

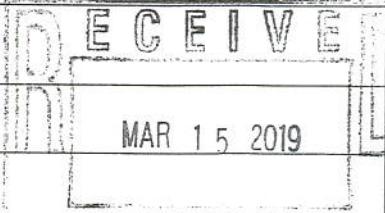
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pipe Rack			X	Pipe Insulation	4750 LF	X			
Pipe Rack			X	Tar Paper	5235 SF	X			
Pipe Rack			X	Column Insulation	2750 SF	X			
Pipe Rack			X	Tank Insulation	750 SF	X			

Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 250	Name of Registered Landfill Salem County Improvement Authority	
City, State Camden, NJ		Disposal Date 3/10/19-4/21/19		City, State Alloway NJ	
Completed by Stephen Carne	Title Environmental Manager	Signature 		Date 02/20/19	

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

Cl # 3534

Date of Notification (1) <u>3</u> / <u>11</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						Street Address 15 East Montgomery Place, Lower Level		City, State, Zip Code Pittsburgh, PA 15212		
								Name of Contact Anthony Porta		Telephone Number 412-633-4021		
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Verizon Williamstown CO				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 707 Sicklerville Rd.				Square Feet		# of Floors						
City (5) Williamstown				Bldg. Age								
County (6) Gloucester		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address 8436 Enterprise Ave				Street Address 1123 BEAVER STREET								
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040		License No. 00509						
Start Date (10) <u>4</u> / <u>1</u> / <u>19</u>		Scheduled Completion Date (11) <u>4</u> / <u>5</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: _____AM-_____PM/ 5:00PM-1:30AM				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			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Basement Storage Room		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic		190SF		<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, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL						
City, State YARDLEY, PA				Disposal Date		City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro /gl</i>				Date 3/11/19				

ASB-41
MAY 11

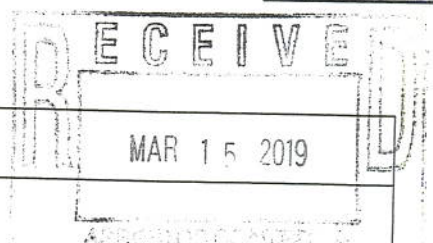
BS 19021

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

CH # 1185

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



Date of Notification (1) 03/12/2019		Name of Building Owner/Operator (2) Marcio F Castillo	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Betty Telephone Number _____

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]		Square Feet	# of Floors
City (5) Bloomfield		Bldg. Age	
County (6) Essex	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) Removal Safety LLC	
Street Address _____		Street Address 8 Crosby Ave		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07502		
Project Manager for Monitoring Firm _____		Telephone No.	Telephone No. 973-400-8711	License No. 01332
Start Date (10) 03/23/2019	Scheduled Completion Date (11) 03/27/2019		Name of OSHA Monitor Same as (9)	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm		Street Address _____
		City, State, Zip Code _____

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			x	Vermiculite	600 SF	x		x	

Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless	
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lasko Veskov		Title President	Signature 		Date 03/12/2019

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