

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

RECEIVED

MAR 29 2019

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 301 Philadelphia Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#3-3/22/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Egg Harbor City, New Jersey 08215	
		Name of Contact Johnny De Los Santos	Telephone Number 347-886-6714

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE			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 301 Philadelphia Avenue			
City (5) Egg Harbor City	County (6) Atlantic	County Code (7)	Square Feet 20000
			# of Floors 3
			Bldg. Age
Current Use (Prior if being demolished) COMMUNICATIONS			

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		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 Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 3/21/19	Scheduled Completion Date (11) 3/22/19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET		
		City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor – Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor – Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY	
City, State BRISTOL, PA		Disposal Date TBD	City, State EGG HARBOR TWP, NJ		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 3/22/19

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

RECEIVED

MAR 29 2019

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 checked="" type="checkbox"/> Amended-#2-3/18/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 301 Philadelphia Avenue City, State & Zip Code Egg Harbor City, New Jersey 08215	
		Name of Contact Johnny De Los Santos	Telephone Number 347-886-6714

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE			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 301 Philadelphia Avenue			Square Feet 20000		
City (5) Egg Harbor City			County (6) Atlantic		County Code (7)
			# of Floors 3		
			Bldg. Age		
			Current Use (Prior if being demolished) COMMUNICATIONS		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		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 Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509

Scheduled Start Date (10) 3/21/19	Scheduled Completion Date (11) 3/26/19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor – Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor – Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 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"/>
	<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 BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY	
City, State BRISTOL, PA		Disposal Date TBD		City, State EGG HARBOR TWP, NJ	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 3/18/19

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

RECEIVED

MAR 29 2019

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 301 Philadelphia Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-1/9/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Egg Harbor City, New Jersey 08215	
		Name of Contact Johnny De Los Santos	Telephone Number 347-886-6714

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE		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 301 Philadelphia Avenue		Square Feet 20000	# of Floors 3
City (5) Egg Harbor City	County (6) Atlantic	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS	

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		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 Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 1/8/19	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement	Street Address 1123 BEAVER STREET
	City, State & Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor - Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor - Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 BRISTOL ENVIRONMENTAL INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY
City, State BRISTOL, PA	Disposal Date TBD	City, State EGG HARBOR TWP, NJ	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 1/9/19

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

CHK#3491

RECEIVED

MAR 20 2019

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 4947 <input checked="" type="checkbox"/> DOH 4930 <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 301 Philadelphia Avenue City, State & Zip Code Egg Harbor City, New Jersey 08215 Name of Contact Johnny De Los Santos	
		Telephone Number 347-886-6714	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE			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 301 Philadelphia Avenue			Square Feet 20000		
City (5) Egg Harbor City		County (6) Atlantic	County Code (7)		# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.			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 Number 215-365-5810	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 1/8/19		Scheduled Completion Date (11) 1/15/19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor - Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor - Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY	
City, State BRISTOL, PA		Disposal Date TBD		City, State EGG HARBOR TWP, NJ	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 12/21/18

069195

B & G proj. #: 2019-60

PAID

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

Emergency Cleanup

Check # 9195

Date of Notification (1) 03/12/2019		Name of Building Owner/Operator (2) Chris Davis	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Weehawken, NJ 07086	
Name of Contact Chris Davis		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chris Davis			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Weehawken			County (6) Hudson		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) Enviro Vision Consultant's Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road - Bldg 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Fredrick Larsen		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/25/2019		Sched. Completion Date (11) 03/30/2019			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
First floor, second floor, & Basement			<input checked="" type="checkbox"/>	Cleaning wet wiping, Hepa vacuum under negative pressure criticals.	1,396 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/29/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/22/2019

B & G proj. #: 2019-60

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

Date of Notification (1) 03/12/19		Name of Building Owner/Operator (2) Chris Davis		Check # 9195 DOL - 10 DAY WAIVER
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Weehawken, NJ 07085		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Name of Contact Chris Davis		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chris Davis			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address			Square Feet	# of Floors
City (5) Weehawken	County (6) Hudson	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Enviro Vision Consultants Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Weegaraw Road - Bldg 35E			Street Address 105 Ryerson Road	
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Fredrick Larsen			Telephone Number (973)696-8869	License Number 00378
Phone Number 973-636-9145			Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 03/25/2019			Street Address 105 Ryerson Road	
Sched. Completion Date (11) 03/30/2019			City, State, Zip Code Lincoln Park, NJ 07035	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >2 sf or >2 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >180 sf or >280 lf				
<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure				

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remov	Repair	Encaps	Monitor
	Yes	No	N/A						
First floor, second floor, & Basement			X	Cleaning wet wiping, Heps vacuum under negative pressure criticals.	1,398 sqft				

Registered Waste Handler B & G Restoration, Inc.	NJ DEP Permit No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/29/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/22/2019

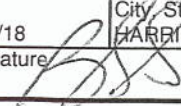
NO CK

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

RECEIVED

MAR 29 2019

Date of Notification (1) 3 / 22 /19			Name of Building Owner/Operator (2) THE VALLEY HOSPITAL		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 223 NORTH VAN DIEN AVENUE			City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652		
Name of Contact GEORGE GANCOS			Telephone Number 201-447-8141		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL				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.)	
Street Address 670 WINTER AVENUE				Square Feet 50,000	# of Floors 1
City (5) PARAMUS				County (6) BERGEN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION				ASCM No.	
Street Address 131 VARICK STREET, SUITE 1022				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code NEW YORK, NEW YORK 10013				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JIM MIADES				Telephone Number 347-435-3561	License Number 1101
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 22 /19		Name of OSHA Monitor EMSL #11506	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 307 WEST 38TH STREET	
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"/> Full Containment <input checked="" type="checkbox"/> Mini Encl , <input type="checkbox"/> 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) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1ST FLOOR THROUGHOUT		X		JOINT COMPOUND COMPLETE 25,000 SF	
1ST FLOOR ROOMS 100 & 101		X		CEILING TILES COMPLETE 1,500 SF	
1ST FLOOR ROOMS 101 & 102		X		VAT & MASTIC COMPLETE 1,450 SF	
1ST FLOOR ROOM 182		X		BOILER INSULATION COMPLETE 100 SF	
1ST FLOOR ROOM 182		X		BOILER BREECHING COMPLETE 80 SF	
1ST FLOOR ROOM 180		X		ROOF HATCH TAR COMPLETE 2 SF	
1ST FLOOR THROUGHOUT		X		PIPE INSULATION COMPLETE 136 LF	
1ST FLOOR THROUGHOUT		X		FIBERGLASS CEILING INSULATION/GLUEDAB 17,478 SF	
ADDITION TO SCOPE:					
1ST FLOOR NORTH WEST CORNER				ACM DEBRIS 500 SF	
Name of Registered Waste Hauler EARTHWATCH WASTE SYSTEMS 464 FRANKLIN STREET City, State BUFFALO, NY 14202		NJDEP Waste Hauler ID No. 16227		Cubic Yards of Waste 700	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL City, State HARRISBURG, PA	
		Signature 		Date 3-22-19	


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

RECEIVED

MAR 29 2019

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 2 / 20 /19 </div>			Name of Building Owner/Operator (2) THE VALLEY HOSPITAL		
Agencies Notified <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA </div>			Type Notification <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION </div>		
Street Address 223 NORTH VAN DIEN AVENUE			City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652		
Name of Contact GEORGE GANCOS			Telephone Number 201-447-8141		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL				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.)	
Street Address 670 WINTER AVENUE				Square Feet 50,000	# of Floors 1
City (5) PARAMUS				County Code (7) (STATE USE ONLY) ABANDONED	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		ASCM No. ASCM No.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 131 VARICK STREET, SUITE 1022				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NEW YORK, NEW YORK 10013				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 30 /19		Name of OSHA Monitor EMSL #11506	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 307 WEST 38TH STREET	
Scope of Work (Check all that apply) <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </div>				<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Encl , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

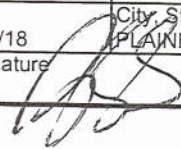
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND COMPLETE	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES COMPLETE	1,500 SF *	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC COMPLETE	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION COMPLETE	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING COMPLETE	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR COMPLETE	2 SF	X			
1ST FLOOR THROUGHOUT			X	PIPE INSULATION COMPLETE	136 LF	X			
1ST FLOOR THROUGHOUT			X	FIBERGLASS CEILING INSULATION/GLUEDABS	17,478 SF	X			COMPLETE
ADDITION TO SCOPE:									
1ST FLOOR NORTH WEST CORNER				ACM DEBRIS	500 SF	X			
Name of Registered Waste Hauler EARTHWATCH WASTE SYSTEMS 464 FRANKLIN STREET		NJDEP Waste Hauler ID No. 16227		Cubic Yards of Waste 700	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State BUFFALO, NY 14202				Disposal Date 6/07/18 - 12/30/18		City, State HARRISBURG, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 			Date 2/20/19		

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

32781
RECEIVED
MAR 29 2019

Date of Notification (1) 10 / 5 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 NORTH VAN DIEN AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
		Name of Contact GEORGE GANCOS	Telephone Number 201-447-8141

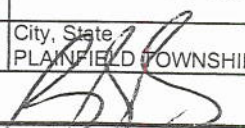
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 670 WINTER AVENUE		Square Feet 50,000	# of Floors 1
City (5) PARAMUS	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		Current Use (Prior if being demolished) ABANDONED	
Street Address 131 VARICK STREET, SUITE 1022		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code NEW YORK, NEW YORK 10013		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 30 /19	Telephone Number 845-369-7500
Month Day Year		Month Day Year	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor EMSL #11506	
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		Street Address 307 WEST 38TH STREET	
<input checked="" type="checkbox"/> Renovation		City, State, Zip Code NEW YORK, NEW YORK	
		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> 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
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND COMPLETE	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES COMPLETE	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC COMPLETE	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION COMPLETE	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING COMPLETE	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR COMPLETE	2 SF	X			
1ST FLOOR THROUGHOUT			X	PIPE INSULATION COMPLETE	136 LF	X			
1ST FLOOR THROUGHOUT			X	FIBERGLASS CEILING INSULATION/GLUEDABS	17,478 SF	X			COMPLETE
ADDITION TO SCOPE:									
1ST FLOOR NORTH WEST CORNER				ACM DEBRIS	500 SF	X			
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. INC. 2 MORICHES MIDDLE ISLAND ROAD City, State SHIRLEY, NEW YORK 11967	NJDEP Waste Hauler ID No. 1A-371	Cubic Yards of Waste 700	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Disposal Date 6/07/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA	Date 10/5/18				

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

32596

RECEIVED
MAR 29 2019

Date of Notification (1) 9 / 5 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified		Street Address 223 NORTH VAN DIEN AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact GEORGE GANCOS	
		Telephone Number 201-447-8141	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL		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.)	
Street Address 670 WINTER AVENUE		Square Feet 50,000	# of Floors 1
City (5) PARAMUS		Bldg. Age 40+	
County (6) BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDONED
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 131 VARICK STREET, SUITE 1022		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NEW YORK, NEW YORK 10013		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	License Number 1101
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 30 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor EMSL #11506	
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"/> Full Containment <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> 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)
	Yes	No	
1ST FLOOR THROUGHOUT		X	JOINT COMPOUND
1ST FLOOR ROOMS 100 & 101		X	CEILING TILES
1ST FLOOR ROOMS 101 & 102		X	VAT & MASTIC
1ST FLOOR ROOM 182		X	BOILER INSULATION
1ST FLOOR ROOM 182		X	BOILER BREECHING
1ST FLOOR ROOM 180		X	ROOF HATCH TAR
ADDITION TO SCOPE:			
1ST FLOOR THROUGHOUT		X	PIPE INSULATION
1ST FLOOR THROUGHOUT		X	FIBERGLASS CEILING INSULATION/GLUEDABE 17,478 SF
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. INC.		NJDEP Waste Hauler ID No. 1A-371	Cubic Yards of Waste 700
City, State SHIRLEY, NEW YORK 11967		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
Disposal Date 6/07/18 - 12/30/18		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9/5/18


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

Date of Notification (1) <div style="text-align: center;">8 / 2 /2018</div>		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652 Name of Contact GEORGE GANCOS Telephone Number 201-447-8141																																																																														
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1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X																																																																										
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X																																																																										
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X																																																																										
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. INC. 2 MORICHES MIDDLE ISLAND ROAD City, State SHIRLEY, NEW YORK 11967		NJDEP Waste Hauler ID No. 1A-371 Cubic Yards of Waste 100 Disposal Date 6/07/18 - 12/30/18																																																																														
Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA		Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS Signature Date 8/2/18																																																																														

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

RECEIVED

MAR 29 2019

Date of Notification (1) 6 / 7 /2018			Name of Building Owner/Operator (2) THE VALLEY HOSPITAL		
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		223 NORTH VAN DIEN AVENUE	
				City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
				Name of Contact GEORGE GANCOS	
				Telephone Number 201-447-8141	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL			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.)		
Street Address 670 WINTER AVENUE			Square Feet 50,000		# of Floors 1
					Bldg. Age 40+
City (5) PARAMUS		County (6) BERGEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION			ASCM No.		
Street Address 131 VARICK STREET, SUITE 1022			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code NEW YORK, NEW YORK 10013			Street Address 313 SPOOK ROCK ROAD		
			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561		License Number 1101	
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 30 /19		Name of OSHA Monitor EMSL #11506	
Month Day Year		Month Day Year			
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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			307 WEST 38TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK		
Scope of Work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation		
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)	
		Yes No N/A			
1ST FLOOR THROUGHOUT		X		JOINT COMPOUND	
1ST FLOOR ROOMS 100 & 101		X		CEILING TILES	
1ST FLOOR ROOMS 101 & 102		X		VAT & MASTIC	
1ST FLOOR ROOM 182		X		BOILER INSULATION	
1ST FLOOR ROOM 182		X		BOILER BREECHING	
1ST FLOOR ROOM 180		X		ROOF HATCH TAR	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 100	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
				City, State PLAINFIELD TOWNSHIP, PA	
		Signature 		Date 6/7/18	

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

32150

Date of Notification (1)

5 / 109 /2018

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141

MAR 29 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

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

Street Address

670 WINTER AVENUE

Square Feet

50,000

of Floors

1

Bldg. Age

40+

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 7 /18
Month Day Year

Sched. Completion Date (11)

3 30 /19
Month Day Year

Name of OSHA Monitor

EMSL #11506

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 7AM-3:30 PM

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

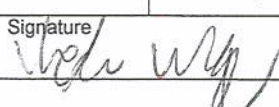
☒ Full Containment
☒ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

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
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.			Cubic Yards of Waste	Name of Registered Landfill				
NEWARK CARTING	369 RAYMOND BLVD			100	GRAND CENTRAL SANITARY LANDFILL				
City, State	NEWARK, NEW JERSEY			Disposal Date	City, State				
Completed by (Print or Type)	BENJAMIN SANCHEZ			6/07/18 - 12/30/18	PLAINFIELD TOWNSHIP, PA				
Title	DIRECTOR OF OPERATIONS			Signature	Date				
					5/9/18				

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

OK 744 PAID

Date of Notification (1) 03/11/2018		Name of Building Owner/Operator (2) South Bergen Jointure School		MAR 29 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 Maywood Avenue City, State, Zip Code Maywood, NJ, 07607 Name of Contact Susan Laurenzo Telephone Number 201-845-8818					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Bergen Jointure School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 400 Maywood Avenue				Square Feet N/A # of Floors N/A Bldg. Age N/A					
City (5) Maywood		County (6) Bergen		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120		Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address 208 Huyler Street		Street Address 89 Franklin Street							
City, State, Zip Code South Hackensack		City, State, Zip Code Paterson, NJ, 07524							
Project Manager for Monitoring Firm Stan Blackman		Telephone No.		Telephone No. 973-333-5144 License No. 01274					
Start Date (10) 03/15/2019		Scheduled Completion Date (11) 03/17/2019		Name of OSHA Monitor EHW ABATEMENT 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 89 Franklin Street City, State, Zip Code Paterson, NJ, 07524					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Shop RM		X		PIPE insulation	25 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A		Name of Registered Landfill TRI STATE TRANSFER			
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 03/11/2019			

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

MAR 29 2019

Date of Notification (1) 03/26/2019		Name of Building Owner/Operator (2) La Casa Don Pedro						
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ, 07524						
		Name of Contact Chris Pagan	Telephone Number 973-672-5519					
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Newark		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274					
Start Date (10) 03/28/2019	Scheduled Completion Date (11) 03/29/2019	Name of OSHA Monitor EHW ABATEMENT LLC						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ, 07524						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		x	Pipe Insulation	70 LF	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER				
City, State Paterson, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 03/26/2018		

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

MAR 29 2019

Date of Notification (1) 03/25/2019		Name of Building Owner/Operator (2) Passaic County Weatherization Program							
Agencies Notified	Type Notification	Street Address 930 River DR							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Totowa, NJ, 07512							
		Name of Contact Allen Stone	Telephone Number 973-569-4719						
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Wayne		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 04/04/2019	Scheduled Completion Date (11) 04/05/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State Paterson, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 03/25/2018			

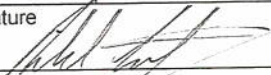
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

MAR 29 2019

Date of Notification (1) 03/04/2019		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Chris Pagan	Telephone Number 973-672-5519						
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) East Orange		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 03/06/2019	Scheduled Completion Date (11) 03/07/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	30 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State Paterson, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 03/04/2019			

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


Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Julie Faligno		MAR 29 2019	
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garfield, NJ 07026 Name of Contact Julie Faligno Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Garfield			Square Feet 1900	# of Floors 2	Bldg. Age 65 +/-
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home		
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement		
Street Address		Street Address 280 N. Midland Ave.			
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184	License No. 01305	
Start Date (10) 3/29/19		Scheduled Completion Date (11) 4/1/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.			City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		VAT	602 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 3/26/19

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

RECEIVED
MAR 29 2019

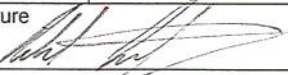
CK 2029

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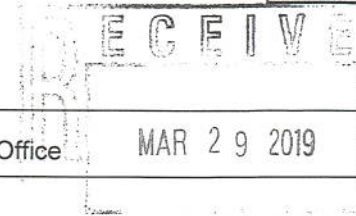
Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Matthew Tropp							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08817							
		Name of Contact Matthew Tropp	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2350	# of Floors 2						
City (5) Edison		Bldg. Age 65 +/-							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 3/31/19	Scheduled Completion Date (11) 4/4/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	536 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 3/26/19			

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

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Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Frank Chinigio		MAR 29 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>					
		City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Frank Chinigio		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>									
City (5) Paramus				Square Feet 2500	# of Floors 2				
				Bldg. Age 65 +/-					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 3/28/19		Scheduled Completion Date (11) 3/30/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<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
Boiler Room		x		VAT	71 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 1 yd	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President		Signature 			Date 3/26/19		

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



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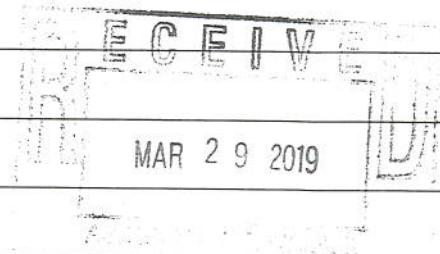
PAID

Date of Notification (1) March 28, 2019		Name of Building Owner/Operator (2) Atlantic City Electric - County Regional Office		MAR 29 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Harding Highway City, State, Zip Code Mays Landing, NJ 08330 Name of Contact Jesse O'Donnell Telephone Number 609-625-6187					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic City Electric Power Pole			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 2nd Avenue and 95th Street			Square Feet NA						
City (5) Stone Harbor			# of Floors NA		Bldg. Age 75				
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Utility Pole					
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 484-872-8884					
License No. 01161									
Start Date (10) 4/8/19		Scheduled Completion Date (11) 4/8/19		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Segregated Area</u>				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Power Pole			X	Transite conduit	5 SF	X			
Name of Registered Waste Hauler PSC Ind Outsource		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 1		Name of Registered Landfill Cape May County Landfill			
City, State Union, NJ				Disposal Date TBD		City, State Woodbine, NJ			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 3/28/19			

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



Date of Notification (1) 3-27-19		Name of Building Owner/Operator (2) VIRTUA							
Agencies Notified	Type Notification	Street Address 20 WEST STOW ROAD							
<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 MARLTON, NJ 08053							
		Name of Contact DAVID CRANSTON	Telephone Number 215-568-5050						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KYLE WILL FAMILY HEALTH CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 ATLANTIC AVENUE		Square Feet 20,000	# of Floors 4						
City (5) CAMDEN		Bldg. Age +/-100							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OFFICE BLDG.							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 700 TURNER INDUSTRIAL WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 4-8-19	Scheduled Completion Date (11) 7-8-19	Name of OSHA Monitor VERTEX COMPANIES							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>WE WILL BE WORKING SATURDAYS ALSO</u>		Street Address 700 TURNER INDUSTRIAL WAY							
		City, State, Zip Code ASTON, PA 19014							
Scope of Work (Check All That Apply) <i>* Abatement prior to demo *</i> <i>* Cut & wrap *</i>									
<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 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
				SEE ATTACHED SHEET					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA					
City, State OXFORD VALLEY, PA		Disposal Date _____		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature <i>[Signature]</i>		Date 3-27-19			

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MAR 29 2019

Material Location	Material Description	Est. Qty.
2nd Floor Rear Patient Rooms 1 - 9 & Hallway		
Throughout (within walls & above ceilings)	Pipe insulation/fittings	1500 LF
Throughout	Fire doors (assumed)	T/O
3rd Floor		
Elevator lobby	Residual mastic (Below carpet glue)	300 SF
Sporadic throughout	Pipe insulation	200 LF
Throughout	Fire doors (assumed)	T/O
Stairwells		
Stairwell #8	9" white floor tile w/mastic	400 SF
Stairwell #8	9" floor tile (bottom layer) w/mastic	200 SF
Stairwell #8	Door caulk	T/O
Stairwell #9	Window caulk	T/O
Stairwell #9	Window glazing	T/O
Stairwell #9	Door caulk	T/O
Stairwell #9 Exposed & within cinderblock	Pipe insulation/fittings	60 LF
Throughout	Fire doors (assumed)	T/O
Roof		
3rd floor roof	Tar sealer	1000 SF
3rd floor roof	Rolled roof field (tar/gravel)	7800 SF
Stairwell roof	Rolled silver gravel roof field	300 SF
Lower roof	Roof field (tar/gravel)	300 SF
2nd floor lobby roof (Fuld Labs)	Duct coating	100 SF
2nd floor lobby roof (Fuld Labs)	Capping stone sealer	500 SF
Tus Ojos wing roof	Duct tar coating	200 SF
Connecting hallway Roof	Roof Field (Tar/gravel)	1500 SF
Miscellaneous Exterior		
Throughout	Window caulk	T/O
Throughout	Door caulk	T/O

VERTEX

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

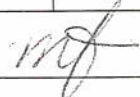
RECEIVED

MAR 29 2019

Date of Notification (1) 3/25/2019		CHECK #3344		Name of Building Owner/Operator (2) RECON GROUP					
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 52 PATERSON AVENUE City, State, Zip Code NEWTON, NJ 07860 Name of Contact ED SCHLAFFER Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 2,500 # of Floors 2 Bldg. Age 49					
City (5) STANHOPE		County (6) SUSSEX		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426-69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700 License No. 01074					
Start Date (10) 4/5/2019		Scheduled Completion Date (11) 4/10/2019		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 checked="" type="checkbox"/> Other - Describe: 8 AM				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Garage & 1st Floor		x		Joint Compound	10,200 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste tbd	Name of Registered Landfill IESI				
City, State Wayne, NJ				Disposal Date tbd	City, State Bethlehem, PA				
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>		Date 3/25/2019			

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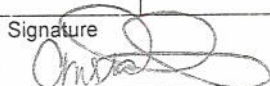
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/25/19		Check #3345		Name of Building Owner/Operator (2) Jack Rekemeier/Jack Rekemeier Flower Shop		MAR 29 2019			
Agencies Notified		Type Notification		Street Address 116 North Avenue West					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Cranford, NJ, 07016					
				Name of Contact Jack Rekemeier		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jack Rekemeier Flower Shop/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 116 North Avenue West				Square Feet 10,000+		# of Floors 2			
City (5) Cranford				Bldg. Age 50+					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial/Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074			
Start Date (10) 03/26/19		Scheduled Completion Date (11) 03/29/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 9am				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		ACM Double Layer Floor Tile	100 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature 			Date 03/25/19		

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

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MAR 29 2019

Date of Notification (1) 03 / 25 / 19		Name of Building Owner/Operator (2) Mary Tettermer							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Audubon, NJ 08106 Name of Contact Judy Tettermer							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tettermer 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 <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Audubon	Square Feet 1,500	# of Floors 2	Bldg. Age 99						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
Start Date (10) 04 / 09 / 19		License No. 00842							
Scheduled Completion Date (11) 04 / 11 / 19		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 04/11/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 				Date 3/25/19	

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MAR 29 2019

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JAN 13 DP19016

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

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

chk (#3) 3536

Date of Notification (1) 3 / 8 / 19		Name of Building Owner/Operator (2) Montclair Twp Public Works		RECEIVED MAR 29 2019					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-3/14/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 219 North Fullerton Ave City, State, Zip Code Montclair, NJ 07042 Name of Contact N/A					
				Telephone Number (973) 783-5600					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Twp Public Works 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 219 North Fullerton Ave									
City (5) Montclair				Square Feet +25,000	# of Floors 2				
				Bldg. Age +50					
County (6) Essex		County Code (7)(STATE USE ONLY) 1		Current Use (Prior if being demolished) Township Building					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1600 Route 22 East				Street Address 1123 BEAVER STREET					
City, State, Zip Code Union, NJ 07083				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-477-3014		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 3 / 20 / 19		Scheduled Completion Date (11) 3 / 27 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-4:30PM/ _____ PM-_____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
1 st Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	422 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum & Mastic	395 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/gu</i>		Date 3-14-19			

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

Date of Notification (1) <div style="text-align: center;">3 / 8 / 19</div>		Name of Building Owner/Operator (2) Montclair Twp Public Works							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-3/13/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 219 North Fullerton Ave							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact N/A	Telephone Number (973) 783-5600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Twp Public Works 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 219 North Fullerton Ave									
City (5) Montclair		Square Feet +25,000	# of Floors 2						
		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Township Building							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1600 Route 22 East		Street Address 1123 BEAVER STREET							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-477-3014	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 3 / 18 / 19	Scheduled Completion Date (11) 3 / 21 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-4:30PM PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
1 st Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	422 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum & Mastic	395 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro / jl</i>				Date 3/13/19			

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

Chk # 3533
3535

Date of Notification (1) 3 / 8 / 19		Name of Building Owner/Operator (2) Montclair Twp Public Works							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 4855 <input checked="" type="checkbox"/> DOH 4848 <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 219 North Fullerton Ave							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact N/A	Telephone Number (973) 783-5600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair Twp Public Works 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 219 North Fullerton Ave		Square Feet +25,000	# of Floors 2						
City (5) Montclair		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Township Building							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1600 Route 22 East		Street Address 1123 BEAVER STREET							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Craig Abrams	Telephone No. 908-477-3014	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 18 / 19	Scheduled Completion Date (11) 3 / 21 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00PM-12:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	422 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum & Mastic	395 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>				Date 3-8-19			

NOOK

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

RECEIVED

MAR 29 2019

Date of Notification (1) 3 / 25 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
Type Notification		City, State, Zip Code RED BANK, NEW JERSEY 07701	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact ERIC MATTSO	
		Telephone Number 732-450-2689	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		Bldg. Age 65	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	


Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101	

Expected State Date (10) 1 / 23 /19 Month / Day / Year		Sched. Completion Date (11) 9 / 30 /19 Month / Day / Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL
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: Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM				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 checked="" type="checkbox"/> Renovation
<input type="checkbox"/> >3SF OR LF	
<input checked="" type="checkbox"/> >160 SF OR 260 LF	

<input type="checkbox"/> Criticals with Negative Pressure
<input checked="" type="checkbox"/> Mini-Enclo.
<input checked="" type="checkbox"/> 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 3-25-19			

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">2 / 27 /19</div>		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Street Address 1 RIVERVIEW PLAZA	
		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSON	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 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 2 PM- 10:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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 type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo <input checked="" type="checkbox"/> 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) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC ✓	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC ✓	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION ✓	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION ✓	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 2-27-19			

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

RECEIVED
MAR 29 2019

Date of Notification (1) 1 / 22 /19 Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER Street Address 1 RIVERVIEW PLAZA City, State, Zip Code RED BANK, NEW JERSEY 07701 Name of Contact ERIC MATTSO Telephone Number 732-450-2689	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS City (5) RED BANK County (6) MONMOUTH County Code (7) (STATE USE ONLY)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Square Feet 250,000</td> <td style="width: 33%;"># of Floors 6</td> <td style="width: 33%;">Bldg. Age 65</td> </tr> </table> Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL		Square Feet 250,000	# of Floors 6	Bldg. Age 65
Square Feet 250,000	# of Floors 6	Bldg. Age 65				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NEW JERSEY 07747 Project Manager for Monitoring Firm THOMAS GEIGER Telephone Number 732-290-2236		ASCM No. 17 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Telephone Number 845-369-7500</td> <td style="width: 50%;">License Number 1101</td> </tr> </table>		Telephone Number 845-369-7500	License Number 1101	
Telephone Number 845-369-7500	License Number 1101					
Expected State Date (10) 1 / 23 / 19 Month Day Year Sched. Completion Date (11) 9 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590				
Scope of Work (Check all that apply) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </td> </tr> </table>				<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 checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<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 checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 1/22/19			

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

Date of Notification (1) 1 / 11 / 19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
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 Contact ERIC MATTSO Telephone Number 732-450-2689	

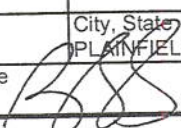
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK	County (6) MONMOUTH	Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101

Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Month / Day / Year		Month / Day / Year		Street Address 1376 ROUTE 9	
Occupancy Status During Abatement (Check only one)				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
<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-3:30PM					

Scope of Work (Check all that apply)		Criticals with Negative Pressure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Renovation			

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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF *	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 1/11/19			

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

Check # 1777

Date of Notification (1) March 25, 2019 February 5, 2019		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	691 Shrewsbury Avenue City, State & Zip Code Shrewsbury, NJ 07702	
		Name of Contact Dino Nappi	Telephone Number 516-972-8809

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 691 Shrewsbury Avenue		Square Feet 4,000	# of Floors 1
City (5) Shrewsbury		Bldg. Age 60	
County (6) Monmouth		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 908-526-1000	License Number 00817
Scheduled Start Date (10) February 15, 2019	Scheduled Completion Date (11) June 27, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

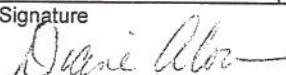
Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input 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 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
First Floor Ceiling Area			X	Glue Dots	1,000 SF	X			
Basement Ceiling Area			X	Glue Dots	350 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills				
City, State Little Egg Harbor, NJ 08087				Disposal Date June 28, 2019	City, State Morrisville, PA				
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>	Date March 25, 2019 February 5, 2019				

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

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

Date of Notification (1) February 5, 2018		Name of Building Owner / Operator (2) Bank of America		Check # 1777					
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"/> Cancellation		Street Address 691 Shrewsbury Avenue City, State & Zip Code Shrewsbury, NJ 07702 Name of Contact Dino Nappi					
				Telephone Number 516-972-8809					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address 691 Shrewsbury Avenue			Square Feet 4,000						
City (5) Shrewsbury			# of Floors 1		Bldg. Age 60				
County (6) Monmouth			Current Use (Prior if being demolished) Bank						
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.			Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 35 Columbia Road			Street Address 829 Radio Road						
City, State & Zip Code Branchburg, NJ 08876			City, State & Zip Code Little Egg Harbor, NJ 08087						
Project Manager for Monitoring Firm			Telephone Number 908-526-1000		License Number 00817				
Scheduled Start Date (10) February 15, 2019		Scheduled Completion Date (11) March 29, 2019		Name of OSHA Monitor Synatech, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 50 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 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
First Floor Ceiling Area			X	Glue Dots	1,000 SF	X			
Basement Ceiling Area			X	Glue Dots	350 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date April 1, 2019		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator		Signature 		Date February 5, 2019			

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


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

RECEIVED

MAR 29 2019

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Date of Notification (1) 03 / 26 / 19			Name of Building Owner/Operator (2) Walters Cornerstone Contracting, LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Barnegat Blvd.					
				City, State, Zip Code Barnegat, NJ 08005					
			Name of Contact Earl Bower		Telephone Number 609-607-9500				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cornerstone at Howell				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 Fort Plains Road & West Farms Road									
City (5) Howell				Square Feet 3000	# of Floors 2				
				Bldg. Age 100					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Farm House					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCN No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 03 / 27 / 19		Scheduled Completion Date (11) 04 / 05 / 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roof	4000 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"/>	asbestos siding	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	30 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 30	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 04/05/19	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager			Signature 			Date 3/26/19	

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

Date of Notification (1)

Name of Building Owner/Operator (2)

Dennis Krien

Street Address

City, State, Zip Code

Glen Ridge, NJ, 07028

Name of Contact

Dennis Krien

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Dennis Krien

Street Address

City (5)

Glen Ridge

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

4 11 19

Sched. Completion Date (11)

4 13 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	C	E
Basement			X	Duct Insulation	150 SF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards

of Waste 1.0

Name of Registered Landfill

Tri-State

City, State

Montclair, NJ 07042

Disposal Date

4/16/19

City, State

Bronx, NY, 10474

Signed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/25/19

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

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MAR 29 2019
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Date of Notification (1) 03 / 25 / 19		Name of Building Owner/Operator (2) Matt's Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Irene Court							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Ms. Gross	Telephone Number 732-905-4494						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lakewood		Square Feet 1500	# of Floors 1						
		Bldg. Age 80							
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) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	140 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 Fernicola		Title Project Manager		Signature <i>[Signature]</i>			Date 3/29/19		