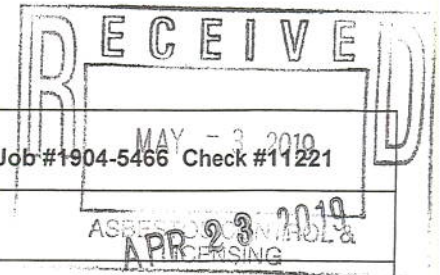


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>4</u> / <u>15</u> / <u>19</u>		Name of Building Owner/Operator (2) Rowan College at Gloucester County / Job #1904-5466 Check #11221							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1400 Tanyard Road City, State, Zip Code Sewell, NJ 08080 Name of Contact Mike Rump Telephone Number 609-209-3909							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rowan College Room 400 Street Address 1400 Tanyard Road City (5) Sewell, NJ County (6) Gloucester		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) <u>4</u> / <u>24</u> / <u>19</u>		ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048 Telephone No. 609-265-2107 License No. 00529 Name of OSHA Monitor EMSL Analytical Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>19</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Instructional Center Room 400	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spline & Ceiling Plaster	1,292 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 4/30/19		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 4-15-19			

OK 20147 PAID

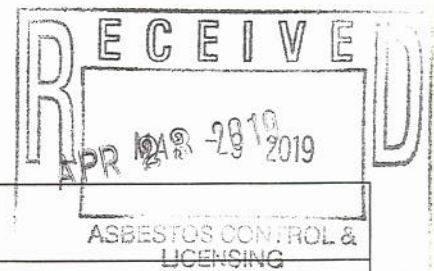
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
APR 29 2019
CHECK # 6015/26147
MAY 3 2019
Print Form

Date of Notification (1) 04-15-19		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address Newark Liberty International Airport, Bldg. 125, Central Terminal Area							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07114							
		Name of Contact John A. Volpe	Telephone Number (973) 622-0800 ext. 259						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Type of Facility (4)							
Street Address 3 Brewster Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 100,000	# of Floors Bldg. Age 88 yrs.						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Airport							
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 241 Erie Street		Street Address 200 Broad Street							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-622-0800	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 04-15-19(1)04-24-19	Scheduled Completion Date (11) 07-31-19	Name of OSHA Monitor Testor Technology Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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: Abatement will be conducted in a restricted area.		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Tar Coated Corrugated Pipe	400LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Raymond Kinsella		Title Project Manager		Signature		Date 04-15-19			

PAID

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



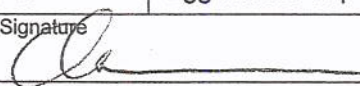
OK 1291

Date of Notification (1) 4 / 15 / 19		Name of Building Owner/Operator (2) IPT Avenel DC Urban REnewal LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Route 17 North Suite 206 City, State, Zip Code Rutherford, NJ 07070 Name of Contact Eric Helstrom Telephone Number (201)507-6776							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Proctor & Gamble		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 100 Essex Avenue		Square Feet 65,000							
City (5) Avenel		# of Floors 1	Bldg. Age 45+						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety	ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services, LLC							
Street Address PO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. (973) 852-3444	License No. 01349						
Start Date (10) 04 / 25 / 19	Scheduled Completion Date (11) 04 / 29 / 19	Name of OSHA Monitor SAI Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Mezzanine Mixing Room Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Sheetrock/Joint Compound	4,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 2 & 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing, Membrane	180 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. SW2117	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 4/29/19		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title Manager		Signature <i>Mary Petrovski</i>		Date 4/15/19			

* Emergency *
PAID

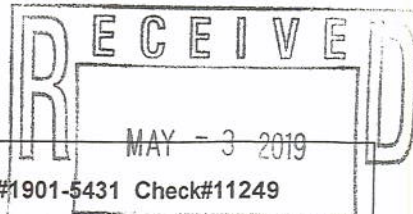
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK. 7340

Date of Notification (1) 4/23/19		Name of Building Owner/Operator (2) Allan Lisse Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 3 2019 ENVIRONMENTAL CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ventnor NJ 08406							
		Name of Contact Josh		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Allan Lisse Private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Ventnor NJ 08406				Square Feet 1000	# of Floors 2				
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 4/24/19		Scheduled Completion Date (11) 4/26/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 & laundry Area			x	Floor Tile	200 SF				
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3	Name of Registered Landfill ACUA				
City, State W Berlin NJ		Disposal Date 4/26/19		City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President		Signature 			Date 4/23/19		

OK 11249 PAID

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

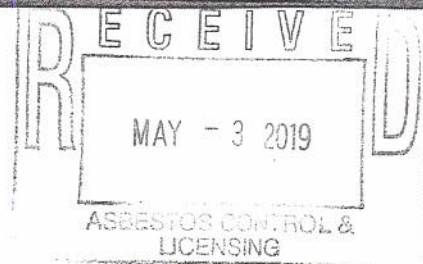


Date of Notification (1) 4 / 30 / 19		Name of Building Owner/Operator (2) Kessler Institute for Rehabilitation / Job #1901-5431 Check#11249							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1199 Pleasant Valley Way City, State, Zip Code West Orange, NJ 07052 Name of Contact Gary Formisano Telephone Number 973-414-4799							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kessler Institute for Rehabilitation- Unit B		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 199 Pleasant Valley Way		Square Feet 1,200							
City (5) West Orange		# of Floors Bldg. Age							
County (6) Essex		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Rehabilitation Facility							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering Science, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 611 Industrial Way West		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-904-9565							
Start Date (10) 4 / 29 / 19		Scheduled Completion Date (11) 5 / 17 / 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 Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <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		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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 Mechanical Room L072	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room I070	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJ DEP Waste Hauler ID No. 18750		Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/17/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 4-30-19			

TABLE 2

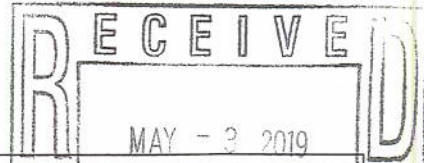
WEST ORANGE FACILITY
COMMENTS REGARDING INSPECTION

Notes: sf = square feet
lf = linear feet



ACBM	LOCATION	COMMENTS
White matrix block, grey corrugated aircell, and tan layered wafer pipe insulation and associated cementitious pipe joint compound	L083 (Mechanical Room)	Debris in pipe (right of door)
	Hallway between Room L081 and L083	2 locations damage
	Hallway adjacent Room L076	1 exposed elbow
	L072	3 locations damaged
	L055	3 locations damaged
Grey cementitious pipe fitting insulation associated with the fiber glass pipe insulation (ACM)	Hallway adjacent Boiler Room	1 location damaged
	L086 (Boiler Room)	16 locations damaged

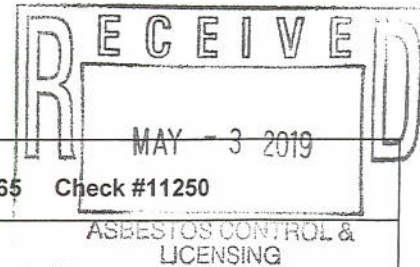
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK 11247 PAID

Date of Notification (1) <div style="text-align: center;">5 / 1 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1904-5473 Check #11247							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John Greco	Telephone Number 201-602-1499						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 Route 80 Exit Ramp & Landing Road		Square Feet	# of Floors						
City (5) Landing, NJ		Bldg. Age							
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">4 / 28 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 28 / 19</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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) 16 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Utility Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ		Disposal Date 4/28/19	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 				Date 5-1-19			

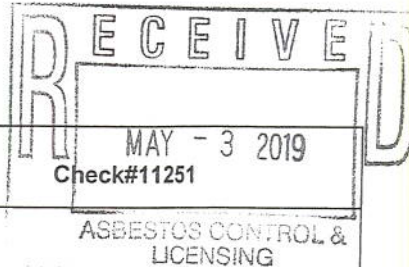
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



OK 11250 PAID

Date of Notification (1) 5 / 1 / 19		Name of Building Owner/Operator (2) City of Vineland / Job #1904-5465		Check #11250					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 640 East Wood Street City, State, Zip Code Vineland, NJ 08362 Name of Contact Mohan Puri					
				Telephone Number 856-794-4230 ext.4249					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) V.M.E.U			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 211 N. West Avenue			Square Feet # of Floors Bldg. Age						
City (5) Vineland									
County (6) Cumberland		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Utility					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Berlin, NJ 08009				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) 5 / 10 / 19		Scheduled Completion Date (11) 5 / 13 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Level Areas 7, 8 & 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Up	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Level Areas 7, 8 & 9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation wet wrap	10 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/13/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-1-19			

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



OK 11251

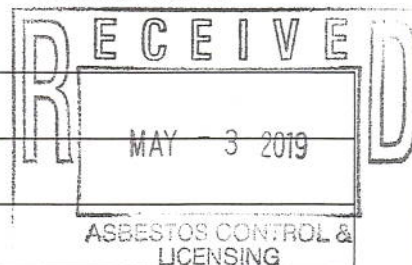
PAID

Date of Notification (1) 5 / 1 / 19		Name of Building Owner/Operator (2) PSE&G / Job # 1903-5447		MAY - 3 2019 Check#11251					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Park Avenue City, State, Zip Code Newark, NJ Name of Contact Chris Castronova					
				Telephone Number 908-412-2206					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bay Way Refinery				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 1400 park Avenue				Square Feet					
City (5) Linden, NJ 07036				# of Floors					
County (6) Union				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Refinery							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) 5 / 13 / 19		Scheduled Completion Date (11) 5 / 14 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	235 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 Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 8	Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ		Disposal Date 5/14/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-1-19			

PAID

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

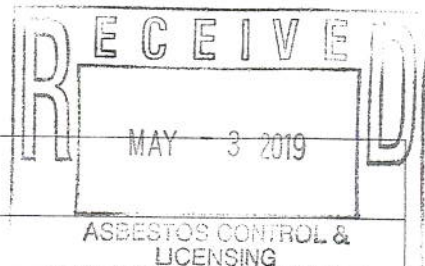
Check # 25848



Date of Notification (1) 5/2/2019		Name of Building Owner/Operator (2) Williams							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Trefor Williams	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 100 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/13/2019	Scheduled Completion Date (11) 5/16/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		Thermal Pipe Insulation	115 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 5/16/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 5/2/2019					

Revision #1 NOCK

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



Date of Notification (1) 5 / 1 / 19		Name of Building Owner/Operator (2) NJ DPMC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 W State St City, State, Zip Code Trenton, NJ 08608 Name of Contact Christina Burris Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Skyland Manor		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 5 Morris Road- Ringwood State Park		Square Feet 14,500							
City (5) Ringwood, NJ		# of Floors 3							
County (6) Passaic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.							
Street Address 344 West State Street		Name of Abatement Contractor (9) Controlled Environmental Systems							
City, State, Zip Code Trenton, NJ 08618		Street Address 1121 N. Bethlehem Pike - Suite 60							
Project Manager for Monitoring Firm William Weisgarber		City, State, Zip Code Spring House, PA 19477							
Telephone No. 609.656.8101		Telephone No. 215 542 7000							
Start Date (10) 4 / 8 / 19		License No. 00847							
Scheduled Completion Date (11) 5 / 31 / 19		Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
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		City, State, Zip Code Spring House, PA 19477							
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"/>	ACM Caulking	3300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Western Berks Community Landfill			
City, State Hatfield, PA		Disposal Date 5/31/19		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 5-1-2019			

B & G proj. #: 2019-89

PAID

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

Check # 9269

Date of Notification (1) 05/01/19		Name of Building Owner/Operator (2) Judith Anderson		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 3 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Allendale, NJ 07401		
		Name of Contact Judith Anderson		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Judith Anderson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Allendale, NJ 07401	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/13/2019	Sched. Completion Date (11) 05/14/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)				<input checked="" 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					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf									
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						
basement storage room			X	pipe (wrap & cut)	9 lf	X			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Lincoln Park, NJ		Disposal Date 05/14/2019		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 05/01/2019			

B & G proj. #: 2019-90

PAID

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

Check # 9271

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Teresa Bulger		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 3 2019 NJ DEPARTMENT OF ENVIRONMENT & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07616		
		Name of Contact Teresa Bulger		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Teresa Bulger			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Cranford, NJ 07616	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/15/2019		Sched. Completion Date (11) 05/20/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ wrap & cut
☒ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st & 2nd floor			<input checked="" type="checkbox"/>	5 radiator heat covers	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attic			<input checked="" type="checkbox"/>	vermiculite	630 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/20/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/01/2019

B & G proj. #:

2019-94

PAID

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

Check # 9270

Date of Notification (1)

05/01/19

Name of Building Owner/Operator (2)

Jacqueline Carey

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Jacqueline Carey

RECEIVED
MAY - 3 2019

ASBESTOS CONTROL &

Telephone Number NSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jacqueline Carey

Street Address

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

residential

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

05/14/2019

Sched. Completion Date (11)

05/15/2019

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ wrap & cut☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe fittings	10 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

05/16/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

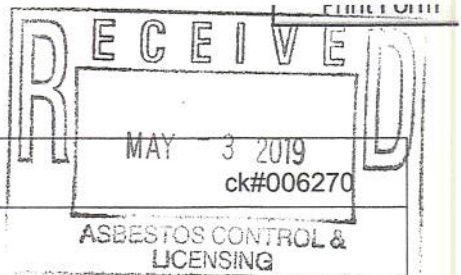
Signature

Gordana Luna

Date

05/01/2019

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



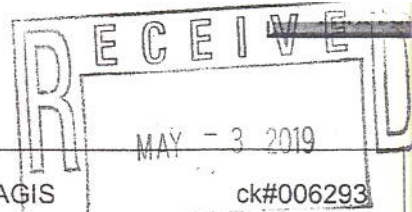
CK 006270 PAID

Date of Notification (1) 4/26/2019		Name of Building Owner/Operator (2) 2017 Cleveland Springfield LLC							
Agencies Notified	Type Notification	Street Address 194 Mount Airy Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge, NJ 07920							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. Michael J. Murphy Jr.	Telephone Number 610-656-6530						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beauty Salon (Former 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 676 Morris Ave		Square Feet 1,350	# of Floors 3						
City (5) Springfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy Hassett		Telephone No. 267-496-7955	License No. 01181						
Start Date (10) 4/29/2018	Scheduled Completion Date (11) 5/5/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st / 2nd Floors			X	Plaster	1500 SF	X			
Name of Registered Waste Hauler Red Technologies LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomfield, CT			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Deni Naumovski		Title President	Signature 			Date 4/26/2017			

CK006293

PAID

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



Date of Notification (1) 4/29/2019		Name of Building Owner/Operator (2) 200 Hollister Associates LLC C/O SEAGIS	
Agencies Notified	Type Notification	Street Address 100 Front Street, Suite 350	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Conshohocken, PA 19428	
		Name of Contact Amy Kirk	Telephone Number 484-530-9149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Quivican Trucking		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 200 Hollister Road		Square Feet 100,000	# of Floors 1
City (5) Teterboro		Bldg. Age 70+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse/Offices	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	
Name of Abatement Contractor (9) Hazmat Diagnostic LLC		Street Address 16 Glenwild Ave	
Street Address		City, State, Zip Code Bloomingdale, NJ 07403	
City, State, Zip Code		Telephone No. 973-928-3995	License No. 01181
Project Manager for Monitoring Firm		Telephone No. _____	
Start Date (10) 5/10/2019	Scheduled Completion Date (11) 5/18/2019	Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Boiler room separate from occupied</u>		Street Address 16 Glenwild Ave	
		City, State, Zip Code Bloomingdale, NJ 07403	

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

☒ WRAP & CUT
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			X	Thermal Systems Insulation	585 LF	X			
Boiler Room			X	Duct Insulation	356 SF	X			

Name of Registered Waste Hauler Hazmat Diagnos.LLC / Newark Carting Inc		NJDEP Waste Hauler ID No. 0035440/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Bloomingdale, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed by Deni Naumovski	Title President	Signature 	Date 4/29/2019	

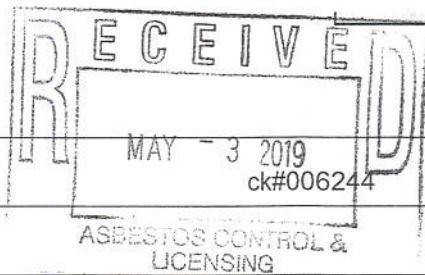
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	MAY - 3 2019
	Check# 000242
ASBESTOS CONTROL & LICENSING	

CK 006242 PAID

Date of Notification (1) 4/11/2019		Name of Building Owner/Operator (2) 2017 Cleveland Springfield LLC							
Agencies Notified	Type Notification	Street Address 194 Mount Airy Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Mr. Michael J. Murphy Jr.	Telephone Number 610-656-6530						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beauty Salon (Former 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 676 Morris Ave		Square Feet 1,350	# of Floors 3						
City (5) Springfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy M. Hassett		Telephone No. 267-496-7955	License No. 01181						
Start Date (10) 05/01/2019	Scheduled Completion Date (11) 05/08/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) (13) <u>NO BE ABATED</u> in Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st/2nd Floors			X	Plaster	1500	X			
Name of Registered Waste Hauler Hazmat Diagnos. LLC/Red Technologies LLC		NJDEP Waste Hauler ID No. 35440/36163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ / Bloomfield, CT		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Deni Naumovski		Title President		Signature 			Date 4/11/2019		

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



CK 006244 PAID

Date of Notification (1) 4/18/2018		Name of Building Owner/Operator (2) URBAN EDGE PROPERTIES							
Agencies Notified	Type Notification	Street Address 210 RT 4 EAST, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Mr. Anthony Delgado	Telephone Number 201-571-3500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former TOYS "R" US		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 1701 RT 22		Square Feet 20,000	# of Floors 1						
City (5) Union		Bldg. Age 60+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 1600 Manor Drive, Suite 220		Street Address 16 Glenwild Ave							
City, State, Zip Code Chalfont, PA, 18914		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy Hassett		Telephone No. 267-496-7955	Telephone No. 973-928-3995						
		License No. 01181							
Start Date (10) 4/19/2019	Scheduled Completion Date (11) 4/20/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Main Floor Area (East Side)			X	Thermal System Insulation	148	X			
				"Wrap & Cut"					
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Bloomungdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Deni Naumovski		Title President	Signature 			Date 4/18/2019			

OK 000241

PAID

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

RECEIVED
MAY - 3 2019
Check#006241

Date of Notification (1)
4/11/2019

Name of Building Owner/Operator (2)
2017 Cleveland Springfield LLC

Agencies Notified

Type Notification

☒ EPA
☐ DEP
☒ DOL

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

Street Address
134 Mount Airy Road

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Mr. Michael J. Murphy Jr.

Telephone Number
610-656-6530

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
Beauty Salon/Machine Shop

Street Address
673 Morris Turnpike

City (5)
Springfield

County (6)
Union

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
3,300

of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Whitestone Associates, Inc.

ASCM No.

Name of Abatement Contractor (9)
Hazmat Diagnostic LLC

Street Address
35 Technology Drive

City, State, Zip Code
Warren, NJ 07059

Street Address
16 Glenwild Ave

City, State, Zip Code
Bloomington, NJ 07403

Project Manager for Monitoring Firm
Mr. Jeremy M. Messeri

Telephone No.
267-498-7955

Telephone No.
973-928-3995

License No.
01181

Start Date
05/01/2019

Scheduled Completion Date (11)
05/08/2019

Name of OSHA Monitor
Hazmat Diagnostic LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/ vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other -

Street Address
16 Glenwild Ave

City, State, Zip Code
Bloomington, NJ 07403

Scope of Work (Check All That Apply)

☐ ≥3 sf or 24
☒ ≥180 sf or 128

☐ Renovation
☒ Demolition

☒ Full Containment with Negative Pressure
☐ Full Enclosure
☐ Grab Bag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)	Is Location Normally Used by Maintenance Custodial Staff? (2)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Machine Shop Restroom	X	Brick Pattern Linoleum	30 SF	X			
Beauty Salon	X	Brown VMT	600 SF	X			

Name of Registered Abatement Contractor

Hazmat Diagnostic Technologies LLC

NJ DEP Waste Transfer No.
38440/38163

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva

City, State

Bloomington, NJ

Bloomfield, NJ

Disposal Date
TBD

City, State

Waynesburg, OH

Completed By

Deni Naudon

Title
President

Signature

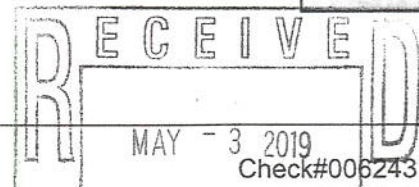
Date

4/11/2019

CK 000043

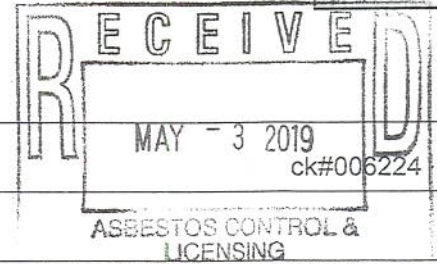
PAID

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



Date of Notification (1) 4/11/2019		Name of Building Owner/Operator (2) 2017 Cleveland Springfield LLC		MAY - 3 2019 Check#006243	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 194 Mount Airy Road City, State, Zip Code Basking Ridge, NJ 07920 Name of Contact Mr. Michael J. Murphy Jr. Telephone Number 610-656-6530	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence With Garage				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 690 Morris Ave				Square Feet 1,100	
City (5) Springfield				# of Floors 2	
County (6) Union				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave		City, State, Zip Code Bloomington, NJ 07403	
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomington, NJ 07403		License No. 01181	
Project Manager for Monitoring Firm Mr. Jeremy M. Hassett		Telephone No. 267-496-7955		Telephone No. 973-928-3995	
Start Date (10) 04/26/2019		Scheduled Completion Date (11) 05/08/2019		Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave City, State, Zip Code Bloomington, NJ 07403	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF)	
				Abatement Type	
				Removal Repair Encapsulate Enclosure	
Basement		X		VAT	
Basement		X		Pipe Insulation	
Exterior Roof / Facade		X		Tar Penetrations	
Exterior Shed		X		Window Glazing	
Amount		570 SF		X	
Amount		50 LF		X	
Amount		11 SF		X	
Amount		12 SF		X	
Name of Registered Waste Hauler Hazmat Diagnostic LLC Red Technologies LLC		NJDEP Waste Hauler ID No. 35440/36163		Cubic Yards of Waste TBD	
City, State Bloomington, NJ		City, State Bloomfield, CT		Disposal Date TBD	
Name of Registered Landfill Minerva		City, State Waynesburg, OH		Date 4/11/2019	
Completed by Deni Naumovski		Title President		Signature 	

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



Date of Notification (1) 03/29/2019		Name of Building Owner/Operator (2) D&R Hoboken							
Agencies Notified	Type Notification	Street Address 215 RT 17S							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wood-Ridge, NJ 07075							
		Name of Contact Chris Dinallo	Telephone Number 201-790-3763						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Structure		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 4,000	# of Floors 3						
City (5) Hoboken		Bldg. Age 75+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Structure							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Labs		ASCM No. N/A	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 2333 US 22West		Street Address 16 Glenwild Ave							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Riccardo Eustaquio		Telephone No. 973-494-3762	License No. 01181						
Start Date (10) 04/01/2019	Scheduled Completion Date (11) 04/08/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building Walls Located on North, South & West Sides			x	ACM Transite Siding	3,000 SF	x			
Name of Registered Waste Hauler Hazmat Diagnost. LLC / Newark Carting INC		NJDEP Waste Hauler ID No. 0035440/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Lanfill					
City, State Bloomington, NJ / Newark, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Deni Naumovski		Title President	Signature 			Date 03/29/2019			

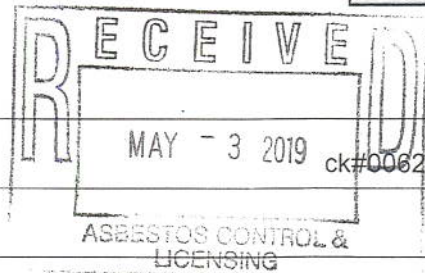
CK000265 PAID

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



Date of Notification (1) 4/22/2019		Name of Building Owner/Operator (2) 40 COTTAGE STREET LLC							
Agencies Notified	Type Notification	Street Address 10 Kenneth Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Michael Riela	Telephone Number 908-377-2650						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Structure		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit		Square Feet 2,500	# of Floors 2						
County (6) Union		Bldg. Age 70+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address		Street Address 16 Glenwild Ave							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm		Telephone No. 973-928-3995	License No. 01181						
Start Date (10) 5/3/2019	Scheduled Completion Date (11) 5/9/2019	Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input 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
1st / 2nd Floors			X	Plaster	1,500 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Bloomingdale, NJ 07403			Disposal Date TBD	City, State Morrisville, PA					
Completed by Deni Naumovski		Title President	Signature 			Date 4/22/2019			

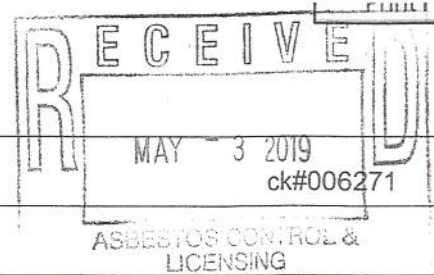
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CK006292 PAID

Date of Notification (1) 5/1/2019		Name of Building Owner/Operator (2) Ledgewood Investors LLC							
Agencies Notified	Type Notification	Street Address 1420 RT 206 Suite 200							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bedminster, NJ 07921							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Bruce Katona	Telephone Number 845-548-9893						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Circuit City		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 461 RT 10 East Suite 28		Square Feet 54,000	# of Floors 1						
City (5) Ledgewood		Bldg. Age 60+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates Inc.		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. 267-496-7955	License No. 01181						
Start Date (10) 5/11/2019	Scheduled Completion Date (11) 5/15/2019	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof Flashing	590 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Bloomington, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Deni Naumovski		Title President	Signature 			Date 5/1/2019			

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



Date of Notification (1) 4/26/2019		Name of Building Owner/Operator (2) 2017 Cleveland Springfield LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 194 Mount Airy Road City, State, Zip Code Basking Ridge, NJ 07920 Name of Contact Mr. Michael J. Murphy Jr. Telephone Number 610-656-6530						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Beauty Salon / Machine Shop		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 673 Morris Turnpike		Square Feet 3,300	# of Floors 1						
City (5) Springfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Technology Drive		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy Hassett		Telephone No. 267-496-7955	Telephone No. 973-928-3995 License No. 01181						
Start Date (10) 4/29/2018	Scheduled Completion Date (11) 5/5/2019		Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Machine Shop Restroom			X	Brick Pattern Linoleum	30 SF	X			
Beauty Salon			X	Brown VAT	600 SF	X			
Name of Registered Waste Hauler Red Technologies LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomfield, CT			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Deni Naumovski		Title President	Signature 			Date 4/26/2017			

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

RECEIVED
MAY - 3 2019

OK 11161 **PAID**

Date of Notification (1) 3 / 20 / 19			Name of Building Owner/Operator (2) Vineland Preparatory Academy / Job #1808-5366-Check #11161						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 Maple Avenue					
				City, State, Zip Code Vineland, NJ 08361					
		Name of Contact Aldo Falasca		Telephone Number 856-794-2010					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Preparatory Academy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2000 Maple Avenue									
City (5) Vineland, NJ 08361			Square Feet	# of Floors	Bldg. Age				
County (6) Cumberland		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1253 North Church Street				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 3 / 22 / 19		Scheduled Completion Date (11) 3 / 29 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input 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
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Expansion Caulk	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Duct Insulation Glue/Mastic O&M Wrap & Repair	200 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ				Disposal Date 3/29/19	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 3-20-19			