

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

Date of Notification (1) 05/06/17		Name of Building Owner/Operator (2) K.Hovnanian at Cedar Grove	
Agencies Notified	Type Notification	Street Address 110 Fieldcrest Ave.	
<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 checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837	
		Name of Contact John Crane	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital		Type of Facility (4)	
Street Address 204 Grove Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Cedar Grove		Square Feet 10,000	# of Floors 2
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 05/08/17		Scheduled Completion Date (11) 06/08/17	Name of OSHA Monitor Leslaw Nalodka
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple 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 Wallington, NJ 07057	
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			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Abatement Type
		Yes No N/A	Removal Repair Encapsulate Enclosure
1st. floor		*	pipe insulation
throughout		*	460lf.
exterior		*	4300sf.
			40pcs
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 40
City, State Newark, NJ		Disposal Date 06/09/17	Name of Registered Landfill GCSL
Completed by Leslaw Nalodka		Title President	Signature <i>L Nalodka</i>
		Date 05/06/17	

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

Check # 12679
RECEIVED

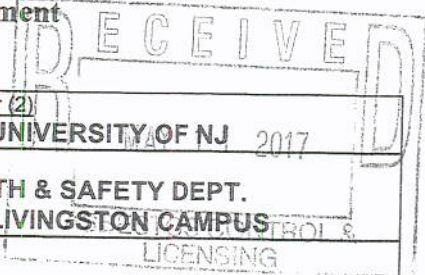
GAC Project # 060-17

Date of Notification (1) May 4, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/19/17	Scheduled Completion Date (11) 5/22/17	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SubChapter 8 Occupied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 240 SF
Rooms 226 & 228	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Rooms 226 & 228	<input checked="" type="checkbox"/>	ACM CEILING TILE	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/22/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 4, 2017

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

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

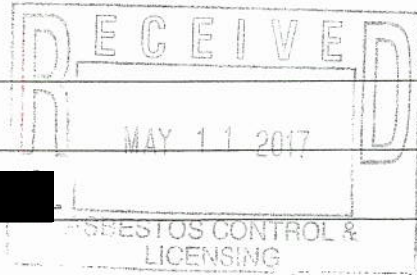
GAC Project # 060-16



Date of Notification (1) April 13, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 05/04/17		Scheduled Completion Date (11) 5/08/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SubChapter 8 Occupied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
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		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF)	
Rooms 226 & 228		240 SF	
Rooms 226 & 228		240 SF	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Cubic Yards of Waste: 15 CY	
Disposal Date 05/08/2017		Name of Registered Landfill G.R.O.W.S. North Landfill	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date April 13, 2017	

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

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



Date of Notification (1) 5/5/17		Name of Building Owner/Operator (2) Nicole Palma	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036	
		Name of Contact Eric Plackis	Telephone Number

Name of Facility Where Abatement is Taking Place (3)		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) Linden	Square Feet 1255	# of Floors 3	Bldg. Age 58
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 5/8/17	Scheduled Completion Date (11) 5/15/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
				Floor tile	120LF	X			

Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.	
City, State Brick, New Jersey		Disposal Date 5/15/17		City, State PA	
Completed by Eric Plackis	Title President	Signature [Signature]		Date 5/5/17	

CK5534

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

RECEIVED	Print Form
	MAY 11 2017
ASBESTOS CONTROL & LICENSING	

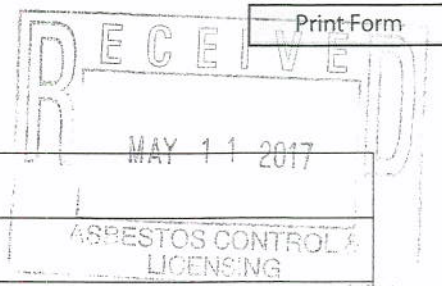
Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) Jersey Central Management							
Agencies Notified	Type Notification	Street Address 911 E. County Line Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Osher	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Ridge Apartments		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 7312 Boulevard East		Square Feet	# of Floors						
City (5) North Bergen		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 5/23/17	Scheduled Completion Date (11) 5/25/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
INTERIOR				Floor Tile	1500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 5/25/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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



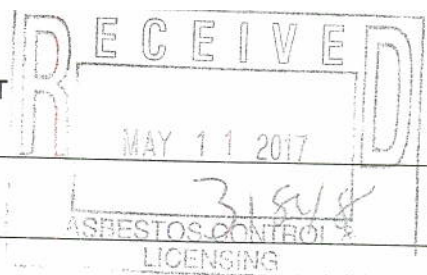
Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) Atlantic Site Construction							
Agencies Notified	Type Notification	Street Address 1301 Ventura Dr							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact Horowitz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LAKEWOOD		Square Feet	# of Floors						
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
			License No. 1200						
Start Date (10) 5/18/17	Scheduled Completion Date (11) 5/22/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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				Siding	2500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 5/22/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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



Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) ASHLEY MANAGEMENT							
Agencies Notified	Type Notification	Street Address 411 ASHLEY AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact Shlomo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD		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 LAKEWOOD		Square Feet	# of Floors						
City (5) LAKEWOOD		Bldg. Age							
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 5/18/17	Scheduled Completion Date (11) 5/22/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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				Siding	1500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 5/22/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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



Date of Notification (1) 05 / 08 / 17		Name of Building Owner/Operator (2) Osprey-Martin							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2220 Landmark Place, Unit 3							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Bill Connellan	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Spring Lake		Square Feet 1500 sf	# of Floors 1						
County (6) Monmouth		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 18 / 17	Scheduled Completion Date (11) 05 / 19 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster	250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 5/22/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/8/17			

CK#3155

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



Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) Susan Newton							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middletown, NJ							
		Name of Contact Susan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newton Residence		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) Middletown	Square Feet 3000	# of Floors 1	Bldg. Age 55+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ace Insulation Co, Inc							
City, State, Zip Code		95 Montrose Rd							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732 294 1757	00029						
Start Date (10) 5/17/17	Scheduled Completion Date (11) 5/22/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile/mastic	900 sf	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Ace Insulation Co Inc		12086	4	Chris					
City, State Columbia Neck, NJ		Disposal Date 5/22/17	City, State Eatonton, PA						
Completed by Bree Mc Guire		Title Secretary	Signature Bree	Date 5/8/17					

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

RECEIVED
MAY 11 2017
DOL - 10 DAY
9470
ASBESTOS CONTROL
LICENSING
MAY 15 2017
01027
WAIVER APPROVED

Date of Notification (1) <u>5 / 5 / 17</u>		Name of Building Owner/Operator (2) <u>JANE ANDRESEN</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-6)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including verification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code <u>EAST HAMPTON, MASS 01027</u>							
Name of Contact <u>JANE ANDRESEN</u>		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1700</u>							
City (5) <u>TENAFLY</u>		# of Floors <u>2</u>							
County (6) <u>BERGEN</u>		Bldg. Age <u>150</u>							
County Code (NJ STATE USE ONLY)		Current Use (Prior if being demolished) <u>RESIDENCE</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>AMAC Contracting Inc.</u>							
Street Address		Street Address <u>185 Vreeland Ave</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, NJ 07432</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-282-5841</u>							
Telephone No.		License No. <u>00156</u>							
Start Date (10) <u>5 / 6 / 17</u>		Scheduled Completion Date (11) <u>5 / 16 / 17</u>							
Occupancy Status During Abatement (Check only one) <input checked="" 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: _____ AM _____ PM _____ AM		Name of OSHA Monitor <u>Omega Environmental Services</u>							
		Street Address <u>280 Huyler St</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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-Frangible 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	Encapsulation	Enclosure
<u>Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PIPE INSULATION</u>	<u>60LF</u>	<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 <u>Newark Carting</u>		NJDEP Waste Hauler ID No. <u>04508</u>		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill <u>RES PA Bethlehem Landfill Corp</u>			
City, State <u>Newark, NJ</u>		Disposal Date <u>5/6/17</u>		City, State <u>Bethlehem, PA</u>					
Completed By (Print or Type) <u>Joseph Vaccaro</u>		Title <u>Vice President</u>		Signature <u>J. Vaccaro</u>		Date <u>5/5/17</u>			

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



Date of Notification (1) 4/26/17		Name of Building Owner / Operator (2) AutoZone	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-5/5/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 123 S Front Street		
	City, State & Zip Code Memphis, TN 38103		
	Name of Contact H. L. Trey Smallwood		
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Proposed AutoZone			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 200-210 East Washington Street			Square Feet 15000		
City (5) Washington Twp		County (6) Warren	County Code (7)		# of Floors 1
			Bldg. Age 40+		
Name of Monitoring Firm Hired by Building Owner (8) Vertex			ASCM No.		
Street Address 700 Turner Way, Suite 105			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Aston, PA 19014			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Dave Turotsy			City, State & Zip Code Bristol, PA 19007		
Telephone Number 610-558-8902		Telephone Number (215)788-6040		License Number 00509	
Scheduled Start Date (10) 5/8/17		Scheduled Completion Date (11) 5/8/17		Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	96 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 5/8/17	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>		Date 4/26/17

CT 17408

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

CHK # 3203

Date of Notification (1) 4/26/17		Name of Building Owner / Operator (2) AutoZone	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 3474 <input checked="" type="checkbox"/> DOH 3467 <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 123 S Front Street		City, State & Zip Code Memphis, TN 38103	
Name of Contact H. L. Trey Smallwood		Telephone Number	

RECEIVED
 MAY 11 2017
 ASBESTOS
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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Proposed AutoZone		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 200-210 East Washington Street		Square Feet 15000	# of Floors 1
City (5) Washington Twp	County (6) Warren	Bldg. Age 40+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 N Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007	
Telephone Number		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 5/8/17	Scheduled Completion Date (11) 5/8/17		Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street
			City, State & Zip Code Bristol, PA 19007

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

☐ Renovation
☒ Demolition

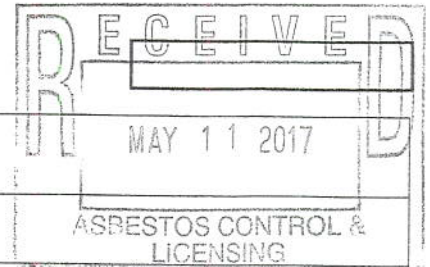
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	96 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 5/8/17	City, State Waynesburg, OH	
Completed By (Print or Type) ino Pizzigoni	Title Project Manager	Signature <i>ino Pizzigoni</i>	Date 4/26/17

MO#24219197976

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



Date of Notification (1) 05 / 08 / 17		Name of Building Owner/Operator (2) Able Rumph	
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code East Orange, NJ 07017 Name of Contact Able Rumph	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet # of Floors Bldg. Age	
City (5) East Orange, NJ 07017		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		License No. 01127	
Start Date (10) 05 / 17 / 17		Scheduled Completion Date (11) 05 / 19 / 17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Street Address 20-21 Wagaraw Road, Bldg. # 35E		City, State, Zip Code Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	220 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"/>

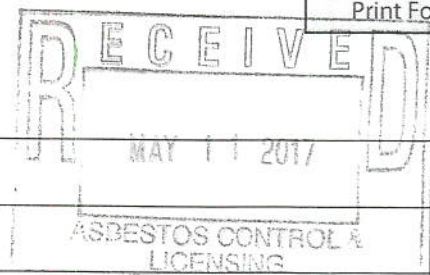
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>Feuric Wenas</i>		Date 05/08/17

ASB-41

MAY 11

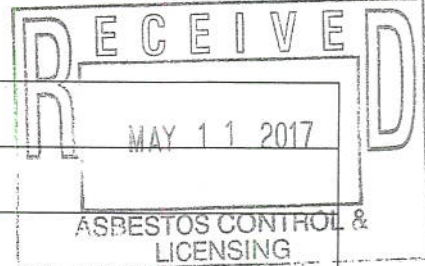
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 05/06/2017		Name of Building Owner/Operator (2) Sisters of St. Joseph of Peace							
Agencies Notified	Type Notification	Street Address 399 Hudson Terrace							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ07632							
		Name of Contact Pat Conte	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church		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 399 Hudson Terrace		Square Feet N/A	# of Floors N/A						
City (5) Englewood Cliffs		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. 01311						
Start Date (10) 05/16/2017	Scheduled Completion Date (11) 05/17/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Pipe Insulation	350 LF	x			
1st Floor		x		VAT	1000 SF	x			
3rd Floor		x		Pipe insulation	100 LF	x			
4th Floor		x		Pipe insulation	200 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/06/2017		

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



Date of Notification (1) 05/07/2017		Name of Building Owner/Operator (2) Elmwood Terrace Inc							
Agencies Notified	Type Notification	Street Address 155 Riverside Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York NY 10024							
		Name of Contact Brian Tarzik	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boiler room 4		Type of Facility (4)							
Street Address 31 16th avenue		<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) Elmwoodpark NJ		Square Feet 1000	# of Floors 2						
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 56						
Name of Monitoring Firm Hired by Building Owner (8) Crown Air services LLC		ASCM No.	Name of Abatement Contractor (9) CPC Environmental Services Corp.						
Street Address 478 Albany Avenue Suite 76		Street Address 142 North 13th Street							
City, State, Zip Code Brooklyn NY11203		City, State, Zip Code Newark NJ 07107							
Project Manager for Monitoring Firm Vanessa Miller		Telephone No. 3475332093	License No. 01335						
Start Date (10) 05/22/2017	Scheduled Completion Date (11) 06/30/2017		Name of OSHA Monitor CPC Environmental Services Corp						
Occupancy Status During Abatement (Check Only One)		Street Address 142 North 13th Street							
<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 Newark NJ 07107							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler room		x		boiler insulation	140 SQFT	x			
Boiler room		x		pipe insulation	30 LNF	x			
Boiler room				Boiler breaching insulation	10SQFT	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town Re facility					
City, State Newark NJ 07102			Disposal Date	City, State					
Completed by Chika Onwukaife		Title president	Signature 			Date 05/08/2017			

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

OIA 05.11.11
CH# 4017

Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) TRUMBULL BROPHY PROPERTIES LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 169 WASHINGTON AVE City, State, Zip Code ELIZABETH NJ 07202 Name of Contact MR MICHAEL LOBRACE						
Name of Facility Where Abatement is Taking Place (3) 301 TRUMBULL ST City (5) ELIZABETH NJ County (6) UNION		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 11 2017 ASBESTOS CONTROL & TESTING (STATE USE ONLY) </div> 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, h etc.) Square Feet 5000 # of Floors 1 Bldg. Age 80 Current Use (Prior if being demolished) BDU						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code Old Bridge NJ 08857 Telephone No. 732 232-7500 License No. 00806						
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code Old Bridge NJ 08857						
Start Date (10) 5/17/17	Scheduled Completion Date (11) 6/30/17	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: _____						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	Encapsulation
EXTERIOR			X	ROOF FLASHING AT COPING	2460 S/F	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 3	Name of Registered Landfill GROWS				
City, State Old Bridge NJ 08857		Disposal Date 7/3/17		City, State Hogansville PA				
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature <i>[Signature]</i>		Date 5/8/17		

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


CK 6094
Emergency

Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) NJ Transit	
Agencies Notified	Type Notification	Street Address One Penn Plaza East	
<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 Newark NJ 07105	
		Name of Contact Russel Samaroo	
		Telephone Number _____	

RECEIVED
MAY 11 2017
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hoboken Terminal		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Hudson Place		Square Feet 1000+	# of Floors 1+
City (5) Hoboken NJ 07030		Bldg. Age 35+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address 464 Vally Brook Avenue		Street Address PO Box 329	
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm John Chiavella		Telephone No. 201-438-4839	Telephone No. 856-753-9800
License No. 00727			
Start Date (10) 5/9/17	Scheduled Completion Date (11) 5/9/17	Name of OSHA Monitor Same	
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>Roof</u>		Street Address _____ City, State, Zip Code _____	
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
Roof			x	Roofing	48 SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 5/10/17	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 5/8/17

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

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Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 11 2017 CONTROL & </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-5/8/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 95 William Street			
		City, State, Zip Code Newark, NJ, 07102				Name of Contact Alex Baylor			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 95 William Street									
City (5) Newark				Square Feet 425,442	# of Floors 12				
				Bldg. Age + - 50					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue				Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, Pa, 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>		Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM <u>5:00</u> PM- <u>1:30</u> AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5 th /8 th /9 th Floor Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Stairway Landing/Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Chiller plant storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement H Stairway Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>		Date 5/8/17			

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



Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-5/8/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State, Zip Code Newark, NJ, 07102	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 William Street			
City (5) Newark	Square Feet 425,442	# of Floors 12	Bldg. Age + - 50
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 2153655810	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 04 / 06 / 17	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		

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

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Water Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Condensate Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Adjacent Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>		Date 5/8/17	

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

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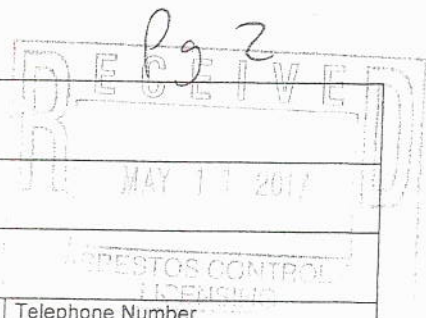
Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DECEIVED MAY 11 2017 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-5/8/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street							
		City, State, Zip Code Newark, NJ, 07102							
		Name of Contact Alex Baylor		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 95 William Street									
City (5) Newark			Square Feet 425,442	# of Floors 12	Bldg. Age + - 50				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue				Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, Pa, 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 04 / 06 / 17		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Hallway H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x 9" VAT/Mastic	708 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor Connector Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor Connector Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor Tile / Mastic	284 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 5/8/17			

Chk # 3206
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-5/4/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102 Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442	# of Floors 12						
City (5) Newark		Bldg. Age + - 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810	Telephone No. 215-788-6040						
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>		Scheduled Completion Date (11) <u>05</u> / <u>11</u> / <u>17</u>	License No. 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM - <u>1:30</u> PM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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
5th/8th/9th Floor Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Stairway Landing/Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Chiller plant storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement H Stairway Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 5/4/17			

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



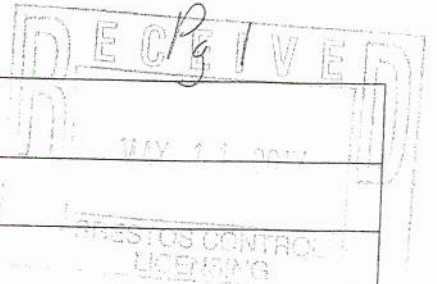
Date of Notification (1) <div style="text-align: center;">03 / 17 / 17</div>			Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-5/4/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102 Name of Contact Alex Baylor					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 95 William Street				Square Feet 425,442					
City (5) Newark				# of Floors 12					
County (6) Essex				Bldg. Age + - 50					
County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Verizon Communication						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc			ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.				
Street Address 8346 Enterprise Avenue			Street Address 1123 BEAVER STREET						
City, State, Zip Code Philadelphia, Pa, 19153			City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 04 / 06 / 17		Scheduled Completion Date (11) 05 / 11 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Water Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Condensate Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Adjacent Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE			Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro / gk</i>		Date 5-4-17			

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

Pg 3
RECEIVED
ASBESTOS CONTROL
JUN 11 2017

Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-5/4/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street							
		City, State, Zip Code Newark, NJ, 07102							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street									
City (5) Newark		Square Feet 425,442	# of Floors 12						
		Bldg. Age + - 50							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 2153655810	Telephone No. 215-788-6040	License No. 00508						
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>	Scheduled Completion Date (11) <u>05</u> / <u>11</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Hallway H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x 9" VAT/Mastic	708 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor Connector Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor Connector Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor Tile / Mastic	284 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillian DeCaro		Title Estimator		Signature <i>Dillian DeCaro</i>			Date 5-4-17		

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



Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-5/3/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State, Zip Code Newark, NJ, 07102	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 William Street		Square Feet 425,442	# of Floors 12
City (5) Newark		Bldg. Age + - 50	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 2153655810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5:00</u> PM - <u>1:30</u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

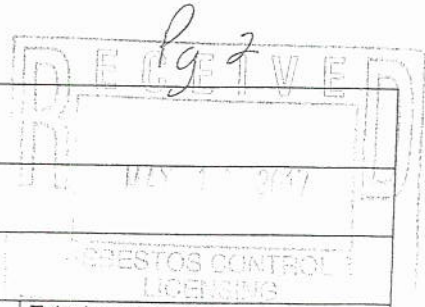
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input 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
5 th /8 th /9 th Floor Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Stairway Landing/Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Chiller plant storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement H Stairway Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

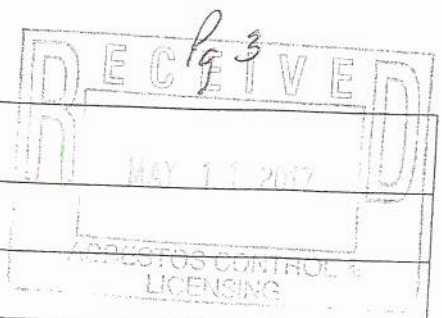
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillon DeCaro		Title Estimator	Signature <i>Dillon DeCaro / jle</i>		Date 5/3/17

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



Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-5/3/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442	# of Floors 12						
City (5) Newark		Bldg. Age 4 - 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 2153655810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM <u>5:00</u> PM- <u>1:30</u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Water Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Condensate Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Adjacent Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillian DeCaro		Title Estimator	Signature <i>Dillian DeCaro</i>			Date 5/3/17			

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



Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-5/3/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102 Name of Contact Alex Baylor							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442	# of Floors 12						
City (5) Newark		Bldg. Age + - 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810	License No. 00509						
Start Date (10) 04 / 06 / 17	Scheduled Completion Date (11) ON HOLD								
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: 5:00PM-1:30AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Hallway H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x9" VAT/Mastic	708 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>			Date 5/3/17		

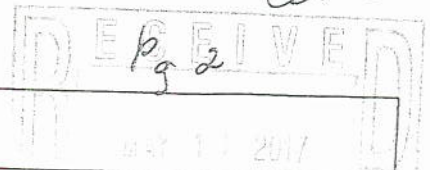
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Ch # 3100

Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-4/19/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street							
		City, State, Zip Code Newark, NJ, 07102							
		Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442							
City (5) Newark		# of Floors 12							
County (6) Essex		Bldg. Age ~ 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.							
Street Address 8346 Enterprise Avenue		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, Pa, 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-788-6040							
Telephone No. 2153655810		License No. 00509							
Start Date (10) 04 / 06 / 17		Scheduled Completion Date (11) 05 / 05 / 17							
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5th/8th/9th Floor Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Stairway Landing/Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement G Chiller plant storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement H Stairway Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>		Date 4/19/17			

CL# 3201

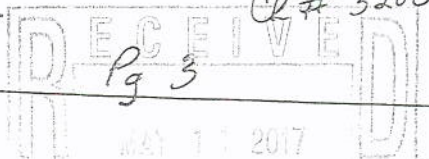
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-4/19/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442							
City (5) Newark		# of Floors 12							
County (6) Essex		Bldg. Age 4 - 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.							
Street Address 8346 Enterprise Avenue		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, Pa, 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 2153655810		Telephone No. 215-788-6040							
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>05</u> / <u>05</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>PM 5:00 PM - 1:30 AM</u>		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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 Water Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Condensate Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Adjacent Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>		Date 4/19/17			

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

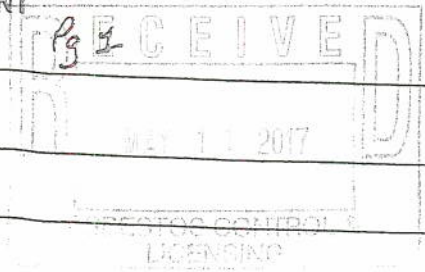
CL # 3200



Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-4/18/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 95 William Street							
		City, State, Zip Code Newark, NJ, 07102							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442	# of Floors 12						
City (5) Newark		Bldg. Age ~ 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 2153655810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 04 / 06 / 17	Scheduled Completion Date (11) 05 / 05 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Hallway H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x9" VAT/Mastic	708 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20980	Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature Dillon DeCaro		Date 4/19/17			

Ch # 3176

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



Date of Notification (1) <u>03</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <u>2013</u> <input checked="" type="checkbox"/> DOLWD <u>2016</u> <input checked="" type="checkbox"/> DOH <u>2016</u> <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 95 William Street						
			City, State, Zip Code Newark, NJ, 07102						
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 425,442	# of Floors 12						
City (5) Newark		Bldg. Age + - 50							
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-3655810	License No. 00509						
Start Date (10) <u>04</u> / <u>06</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>28</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> <u>5:00</u> PM <u>1:30</u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
h/gth Floor Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sement G Stairway Landing/Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sement G Chiller plant storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sement H Stairway Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	280 SF	<input checked="" 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. 20980		Cubic Yards of Waste 48	Name of Registered Landfill MINERVA LANDFILL				
State DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Ilan DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>		Date 3/17/17			

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

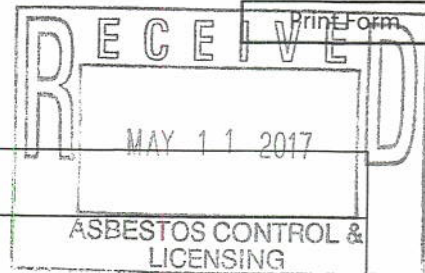
CL # 3196



Date of Notification (1) 03 / 17 / 17			Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 95 William Street City, State, Zip Code Newark, NJ, 07102 Name of Contact Alex Baylor Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 95 William Street			Square Feet 425,442	# of Floors 12	Bldg. Age + - 50				
City (5) Newark			Current Use (Prior if being demolished) Verizon Communication						
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, Pa, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 2153655810		License No. 00508					
Start Date (10) 04 / 06 / 17		Scheduled Completion Date (11) 04 / 28 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Water Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Condensate Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room Adjacent Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 49	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) William DeCaro		Title Estimator		Signature William DeCaro		Date 3/17/17			

CH 43602

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



Date of Notification (1) 4-24-17		Name of Building Owner/Operator (2) MIKE MASON	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code COLLINGSWOOD, NJ 08060	
Name of Contact GEORGE LOVATY		Telephone No.	

Name of Facility Where Abatement is Taking Place (3) MIKE MASON		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) COLLINGSWOOD	Square Feet 2000	# of Floors 2	Bldg. Age 50+
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNO	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		ACTIVE ENVIRONMENTAL		
City, State, Zip Code		203 PINE ST MT HOLLY, NJ 08060		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			(609) 202-1500	01299

Start Date (10) 5-4-17	Scheduled Completion Date (11) 5-5-17	Name of OSHA Monitor
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 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
BASGMENT									
BASGMENT				Friable insulation	50 sq ft	✓			

Name of Registered Waste Hauler Active Environmental Technology		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste	Name of Registered Landfill Modern	
City, State MT HOLLY NJ		Disposal Date 5-6-17	City, State YORK PA		
Completed by Patrick D'Avina	Title Project Manager	Signature <i>[Signature]</i>	Date 4-24-17		

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT**

DOL
CHK# 42001227

Date of Notification (1) 5 / 10 / 17		Date of Notification (1) 5 / 10 / 17	
Name of Building Owner / Operator (2) AT&T Corporation		Name of Building Owner / Operator (2) AT&T Corporation	
Street Address 200 Laurel Ave - Room 1A-117		Street Address 200 Laurel Ave - Room 1A-117	
City, State, Zip Code Bedminster NJ		City, State, Zip Code Bedminster NJ	
Name of Contact Mark Morrison		Telephone Number 1 1 2017	

RECEIVED

FACILITY INFORMATION


ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) AT&T Manahawkin			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 735 Beach Ave			Square Feet 10,000		
City (5) Manahawkin			County (6) Ocean	County Code (7)	# Of Floors 1
					Building Age +/- 50
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Group			ASCM NO		
Street Address 3 Terri Lane Suite 4			Name of Abatement Contractor (9) NorthStar Contracting Group, Inc.		
City, State, Zip Code Burlington, NJ 08016			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm John Lutz			City, State, Zip Code East Hanover NJ. 07936		
Telephone Number 609-479-8512			Telephone Number 973-772-3660		
Sched. Start Date (10) 6 / 5 / 17			Sched. Completion Date (11) 6 / 30 / 17		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM M-F <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor NorthStar Contracting Group, Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ. 07936		

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Main Building 1st Floor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Floor Tile & Mastic	9,388 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building 1st Floor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Floor Tile Only	3,034 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Transite Shingles	1,120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117		Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE.		Disposal Date		City, State 8955 Minerva Poad Waynesburg, OH. 44688	
Completed by (Print or Type) Richard Semega		Title Project Manager		Signature 	
				Date 05/10/17	

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



Date of Notification (1) <div style="text-align: center;">05 / 10 / 17</div>		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 655 Third Avenue 12th Floor	
		City, State, Zip Code New York, NY 10017	
		Name of Contact Dino Nappi	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 73 Main Street			
City (5) New Egypt	Square Feet 10,000	# of Floors 1	Bldg. Age 30
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental, Inc.		Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 88 Harbor Road		Street Address 47 Foster Road	
City, State, Zip Code Port Washington, NY 11050		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Michael Baudo	Telephone No. 516-944-9500	Telephone No. 718-605-6256	License No. 00774
Start Date (10) <div style="text-align: center;">05 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 30 / 17</div>	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill IESI	
City, State Newark, NJ		Disposal Date 05/20/17		City, State Bethelhem, PA	
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 		Date 05-10-2017	

check #11219

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

Date of Notification (1) <div style="text-align: center;">5 / 10 / 17</div>		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">MAY 11 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL & LICENSING</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120			
City, State, Zip Code Camden, NJ 08101					
		Name of Contact James Rizzo		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 1530 GREENWOOD AVE 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 and commercial buildings, homes, etc.)		
Street Address 1530 GREENWOOD AVE STRUCTURE			Square Feet varies	# of Floors varies	Bldg. Age 50+
City (5) Camden		County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems		
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215 542 7000	License No. 00847	
Start Date (10) <div style="text-align: center;">5 / 10 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 30 / 17</div>		Name of OSHA Monitor CES	
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: 7:00AM-5:00PM / ____PM-____AM			Street Address 1121 N Bethlehem Pike -Suite 60		
			City, State, Zip Code Spring House, PA 19477		

Scope of Work (Check all that apply)

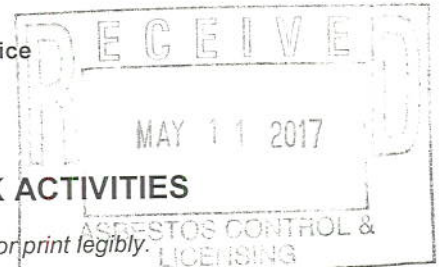
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS	
City, State Fairless Hills, PA		Disposal Date 6/30/17	City, State Tullytown PA		
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 5/10/17	



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

NOCK

I. NOTIFICATION INFORMATION

Date of Notification: 5 / 5 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Herbert Goldfarb

Street Address: 35 Delwick Lane City: Short Hills State: NJ Zip: 07078

Name of Contact: Dave Garry - Paul Davis Restoration Telephone No.: _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Goldfarb Residence

Describe Facility Use: Residence

Street Address: [REDACTED] City: Short Hills State: NJ Zip: 07078

County Name: Essex County Code (State Use Only): _____

Scheduled Start Date: 5 / 15 / 2017 Scheduled Completion Date: 5 / 16 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: _____

☐ Other—Describe: _____

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 130 SF Percentage Asbestos: _____ %

☒ Mastic Square Footage: 130 SF Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

V. SIGNATURE

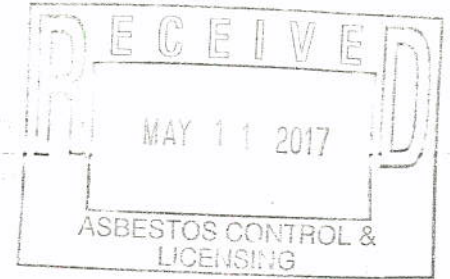
Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations

Signature: [Signature] Date: May 5, 2017

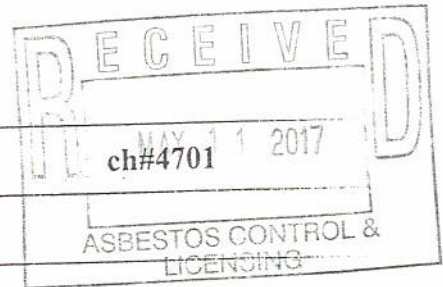
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MAY 11 2017
ASBESTOS CONTROL & LICENSING

next page

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) continued...Building#2	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
Apt. 14A(entr.,bathroom,bedroom)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound w.sheetrock	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt.14B-(bathroom)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound w.sheetrock	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt.16A-entr,btrm,bdrm,LR,kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound w.sheetrock	86 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt.16 A-Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	built up flooring	14 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



Date of Notification (1) 05/05/2017		Name of Building Owner/Operator (2) Monmouth University						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 Cedar Ave City, State, Zip Code West Long Branch, NJ Name of Contact Tim Orr					
			Telephone Number					
	<div style="text-align: center;">FACILITY INFORMATION</div>							
Name of Facility Where Abatement is Taking Place (3) Bluff's Building # 5		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 590 Ocean Ave		Square Feet 60000	# of Floors 50					
City (5) Long Branch		Bldg. Age 84 yrs						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) campus apartments						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation					
Street Address POB 385		Street Address 606 McBride Ave						
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424						
Project Manager for Monitoring Firm Domenic D'Errico		Telephone No. 609-652-1833	Telephone No. 973-225-8400					
		License No. 01104						
Start Date (10) 05-22-2017	Scheduled Completion Date (11) 06-13-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7-3.30 occupied		Street Address 2333 Route 22 West						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Apt. 36 A-Bathroom		x		joint compound w. sheetrock	60 SF	x		
		x						
		x						
		x						
Name of Registered Waste Hauler Asbestos Transportation, Inc		NJDEP Waste Hauler ID No. SW-24310		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY		Disposal Date		City, State Waynesburg, OH				
Completed by Adriana Olejarova		Title president		Signature 			Date 05/05/2017	

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



Date of Notification (1) 05/05/2017		Name of Building Owner/Operator (2) Monmouth University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Cedar Ave City, State, Zip Code West Long Branch, NJ Name of Contact Tim Orr Telephone Number _____	

Name of Facility Where Abatement is Taking Place (3) Bluff's Building # 1				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 590 Ocean Ave				Square Feet 60000	
City (5) Long Branch				# of Floors 50	
County (6) Monmouth				Bldg. Age 84 yrs	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) campus apartments			
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No. 0057		Name of Abatement Contractor (9) Lilich Corporation	
Street Address POB 385		Street Address 606 McBride Ave			
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424			
Project Manager for Monitoring Firm Domenic D'Errico		Telephone No. 609-652-1833		Telephone No. 973-225-8400	
Start Date (10) 05-22-2017		Scheduled Completion Date (11) 06-13-2017		License No. 01104	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7-3.30 occupied				Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Street Address 2333 Route 22 West				City, State, Zip Code Union, NJ 07083	

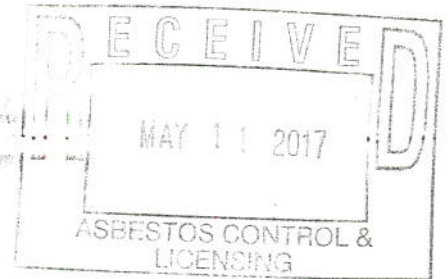
Scope of Work (Check All That Apply)

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

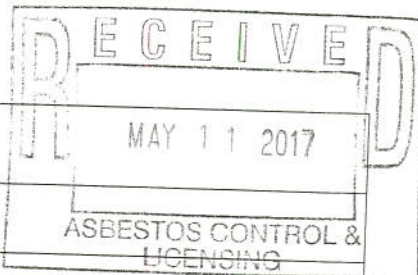
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Apt. 1A (Entr, Kitchen, LivR, Btrm, Bdr)		x		joint compound w. sheetrock	188 SF	x			
Apt. 1B (bathroom & bedroom)		x		joint compound w. sheetrock	70 SF	x			
Apt. 1A (living room & bedroom)		x		floor tile & mastic	344 SF	x			
Apt. 1A-Landing		x		built up flooring	14 SF	x			

Name of Registered Waste Hauler Asbestos Transportation, Inc		NJDEP Waste Hauler ID No. SW-24310		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY				Disposal Date	City, State Waynesburg, OH	
Completed by Adriana Olejarova		Title president		Signature 		Date 05/05/2017

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) continued Bldg.#1	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
Apt. 1B (bedroom)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile&mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



NO CH
Date of Notification (1)
5 / 17 / 16

Name of Building Owner/Operator (2)
Sears Holdings Corporation

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☒ Initial
☒ Amended
Amendment #**1-5/19/16**
☐ Emergency (including justification)
☒ Cancellation

Street Address
3333 Beverly Road A2-240A
City, State, Zip Code
Hoffman Estates, Illinois 60179

Name of Contact
David Dukat - Watterson
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kmart Unit 3060

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

Street Address
222 Bridgeton Pike

City (5)
Mantua, NJ

Square Feet
93000
of Floors
1
Bldg. Age

County (6)
Gloucester

County Code (7)(STATE USE ONLY)
Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
318 12th Street

Street Address
1123 BEAVER STREET

City, State, Zip Code
Hammonton NJ 08037

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
(609) 704-8850

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
ON HOLD

Scheduled Completion Date (11)
____ / ____ / ____

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: ____AM-____PM/**10:00PM-7:00AM**

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
THROUGHOUT THE STORE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	170 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
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Patrick T DeCaro

Title
Estimator

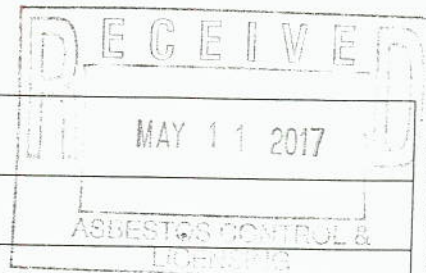
Signature

Patrick T. DeCaro / jtl

Date

5/8/17

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



Date of Notification (1) <u>5</u> / <u>17</u> / <u>16</u>		Name of Building Owner/Operator (2) Sears Holdings Corporation	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/19/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road A2-240A City, State, Zip Code Hoffman Estates, Illinois 60179	
		Name of Contact David Dukat - Watterson	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kmart Unit 3060		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 222 Bridgeton Pike		Square Feet 93000	# of Floors 1
City (5) Mantua, NJ		Bldg. Age	
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 318 12th Street		Street Address 1123 BEAVER STREET		
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>04.10.16</u>	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/ <u>10:00PM-7:00AM</u>		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
THROUGHOUT THE STORE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	170 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH		
Completed By (Print or Type) Patrick T DeCaro	Title Estimator	Signature <i>Patrick T DeCaro</i>	Date <u>3/19/16</u>		

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

APPROVED: TOM VOORHEES, NJ DOL

CR # 3031

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2017
CONTROL & SING

Notification (1) / 17 / 16		Name of Building Owner/Operator (2) Sears Holdings Corporation	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road A2-240A		ASBESTOS CONTROL & LICENSING
	City, State, Zip Code Hoffman Estates, Illinois 60179		
	Name of Contact David Dukat - Watterson	Telephone Number	

FACILITY INFORMATION

Where Abatement is Taking Place (3) 3060		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.)	
on Pike		Square Feet 93000	# of Floors 1
County Code (7)(STATE USE ONLY)		Bldg. Age	
		Current Use (Prior if being demolished) Commercial	

ing Firm Hired by Building Owner (8) Safety Services	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET			
City, State, Zip Code BRISTOL, PA 19007			
Telephone No. (609) 704-8850	Telephone No. 215-788-6040	License No. 00509	

Scheduled Completion Date (11) / 16 5 / 21 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
During Abatement (Check only one) located During Entire Period of Abatement formed Outside of Normal Facility Hours - Describe ent: AM- PM 10:00 PM-7:00 AM	
Street Address 1123 BEAVER STREET	
City, State, Zip Code BRISTOL, PA 19007	

<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	
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Location of ing Material (ACM) ABATED ility 3)	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
E STORE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	170 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"/>

aste Hauler PORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
19720	Disposal Date	City, State WAYNESBURG, OH	
Type) Estimator	Signature Patrick P. DeCaro / z		Date 5/17/16

* Do not use this form for asbestos licensure exempted activities

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

Check
#E 09779
MAY 11 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 8, 2017		Name of Building Owner/Operator (2) Ryan Montes							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] Ave							
		City, State, Zip Code Cranford, NJ 07716							
		Name of Contact Ryan Montes							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Vacant)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Cranford NJ 07716		# of Floors 2							
County (6) Union		Bldg. Age 60+							
County Code (7) Union		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) May 18, 2017		License No. 00394							
Scheduled Completion Date (11) May 19, 2017		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 ii <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	100 LF	X			
Crawlspace	X			Pipe Insulation	15 LF	X			
Name of Registered Waste Hauler EPC Technologies									
NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 3		Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 5-19-17		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-8-17			

CK#3156

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



Date of Notification (1) 5/9/17		Name of Building Owner/Operator (2) AALKB 8 M, LLC	
Agencies Notified	Type Notification	Street Address 1551 Washington Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 07059	
		Name of Contact Tom	Telephone Number

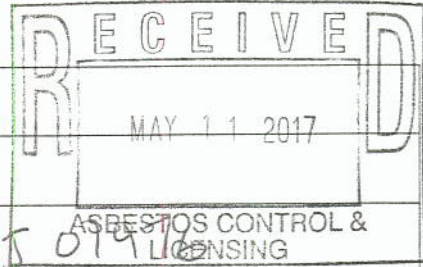
Name of Facility Where Abatement is Taking Place (3) AALKB 8 M, LLC unsafe property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 4 Thomas Lane			Square Feet 1000		
City (5) Marganville			# of Floors 1		
County (6) Monmouth			Bldg. Age 65+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Unsafe property		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) ACE Insulation Co., Inc		
Street Address			Street Address 95 Montrose Rd		
City, State, Zip Code			City, State, Zip Code 1015 Melk, NJ 07722		
Project Manager for Monitoring Firm			Telephone No. 732 294 1757		
Telephone No.			License No. 00029		
Start Date (10) 5/18/17			Scheduled Completion Date (11) 5/22/17		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-3PM			Name of OSHA Monitor		
			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	roof	900D	X			
exterior			X	flashing	100 LF	X			
exterior (open to elements)			X	flooring	200D	X			
* Supervise loading of lined dumpsters-unsafe structure *									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 60	Name of Registered Landfill Chris				
City, State Perth Amboy, NJ		Disposal Date 5/22/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary		Signature [Signature]		Date 5/9/17			

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



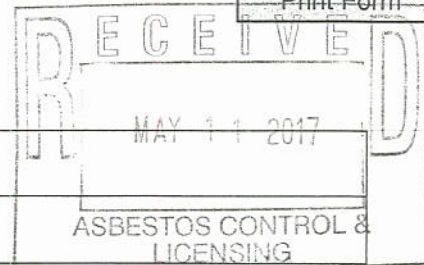
Date of Notification (1) 5/4/17		Name of Building Owner/Operator (2) David Conine	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Vernon, NJ 07978	
		Name of Contact Eric Plackis	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		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) New Vernon	Square Feet 1	# of Floors 1500	Bldg. Age 97
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 5/4/17	Scheduled Completion Date (11) 5/11/17	Name of OSHA Monitor	
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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement				Asbestos pipe insulation	30 LF	<input checked="" type="checkbox"/>			

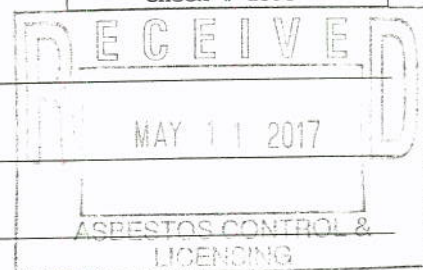
Name of Registered Waste Hauler Brick Industries Inc.	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Inc.
City, State Brick, New Jersey		Disposal Date 5/11/17	City, State PA
Completed by Eric Plackis	Title President	Signature 	Date 5/4/17

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



Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) Westampton TWP							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 710 Rancocas Rd. City, State, Zip Code Westampton NJ 08060 Name of Contact Pat							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 Blue Jay Hill rd.		Square Feet 1000+	# of Floors 1						
City (5) Westampton NJ 08060		Bldg. Age 35+							
County (6) Burlington	County Code (7) (STATE USE ONLY) 	Current Use (Prior if being demolished) 							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. 	Name of Abatement Contractor (9) 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. 856-753-9800	License No. 00727						
Start Date (10) 5/22/17	Scheduled Completion Date (11) 5/26/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 							
		City, State, Zip Code 							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/10/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/8/17			

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



Date of Notification (1) 5/4/2017		Name of Building Owner/Operator (2) Anne Gorman	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ, 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Anne Gorman	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 05 13 2017 Month Day Year		Sched. Completion Date (11) 05 15 2017 Month Day Year		Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove-bag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	140	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 05/16/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5/4/2017		