

Check # 1352

OK 13527
GAC Project # 060-19

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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RECEIVED
MAY 17 2019

Date of Notification (1) May 13, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (EHS) PUS 74 STREET 1603, BLDG 4116, LIVINGSTON CA	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		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 RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05.24/2019	Scheduled Completion Date (11) 06/03/2019	Name of OSHA Monitor 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) D-LEVEL 721 SUITE	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 5200 SF
		Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 80 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill G.R.O.W.S. North La	
Disposal Date 06/03/2019		City, State 100 New F Rd. Morris 19067 215-736-17	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 13, 2019

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

check #13526

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19

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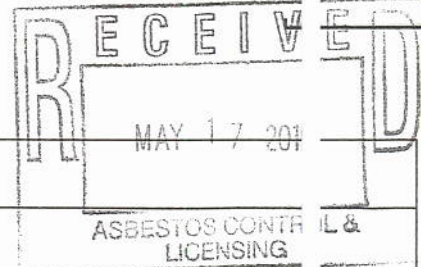
RECEIVED
MAY 17 2019
RUTGERS, THE STATE UNIVERSITY OF NJ
ENVIRONMENTAL HEALTH & SAFETY DEPT. (EHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CA
PISCATAWAY, NJ 08854
ASBESTOS CONTAMINATION
LICENSING

Date of Notification (1) May 13, 2019			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (EHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CA PISCATAWAY, NJ 08854	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ENVIRONMENTAL SCIENCES BLDG, BLDG# 6279			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 COOK CAMPUS			Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 05/24/2019		Scheduled Completion Date (11) 05/28/19		Name of OSHA Monitor 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Enclose	
101A	<input checked="" type="checkbox"/>	VAT	120 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North La	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date 05/28/2019	City, State 100 New F Rd. Morris 19067 215-736-110	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date May 13, 2019	

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

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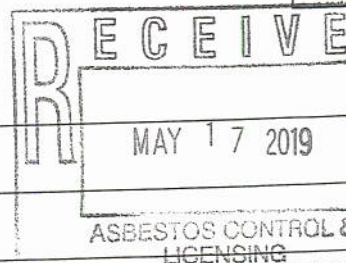
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05-13-2019		Name of Building Owner/Operator (2) Umal Properties							
Agencies Notified	Type Notification	Street Address 1849 Morris 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 Union NJ 07083							
		Name of Contact Mahmoud Adly	Telephone Number 908-868-3858						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Properties		Type of Facility (4)							
Street Address 244 Hillside 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) Hillside NJ 07205		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building						
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut St#1224		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquo		Telephone No. 973-494-3762	Telephone No. 973-692-6298						
Start Date (10) 5/22/2019		Scheduled Completion Date (11) 08/22/2019	License No. 01266						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Amax Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland PaRK nj 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement & 2nd floor hallway office			x	VAT	1486 SF	x			
Roof			x	Roof Material & Flashing	5310 SF	x			
1st Floor & 2nd Floor Hallway			x	Grey/White Plaster	5040 SF	x			
Basement Crawlspc			x	Debris/pipe insulation	200 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 90 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 08/30/2019	City, State Morrisville PA				
Completed by Tome MASlarkov		Title Project Manager		Signature 		Date 05/13/2019			

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

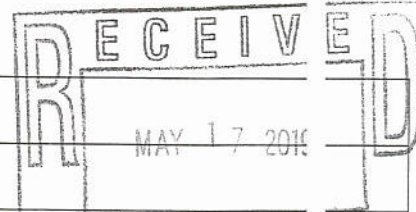


Date of Notification (1) 05.14.2019		Name of Building Owner/Operator (2) Private House							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Short Hills, NJ 07078							
		Name of Contact Rob Stopielo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2267	# of Floors 2						
City (5) Short Hills		Bldg. Age 1933							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Renovations							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address		Street Address 164 Meriline Unit C							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-807-6330	License No. 01383						
Start Date (10) 05.23.2019	Scheduled Completion Date (11) 05.24.2019	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave Unit C							
		City, State, Zip Code Woodland Park, NJ 07424							
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) 160LF	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement - throughout			X	TSI - pipes and fittings		X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1.5	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ 07424		Disposal Date TBD		City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature 				Date 05.14.2019	

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

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

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Date of Notification (1) 05/14/2019		Name of Building Owner/Operator (2) Richard Borge						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ 07110						
		Name of Contact Anne Caprio	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Nutley		Bldg. Area N/A						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685					
Start Date (10) 05/28/2019		Scheduled Completion Date (11) 05/29/2019	License No. 01311					
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 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 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement		X		VAT	450 SF	X		
Kitchen		X		Popcorn Ceiling & Walls	140 SF	X		
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 05/14/2019		

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MAY 17 2019

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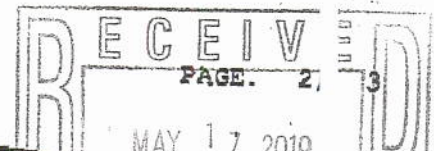
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAY 17 2019
Int Form

Date of Abatement: 5/17/19		Name of Building Owner/Operator (2): PERTH AMBOY HOUSING AUTHORITY		ASBESTOS CONTROL LICENSING	
Agency Noted: DEP, DOH, DOA		Street Address: 881 AMBOY AVE. P.O. BOX 390		City, State, Zip Code: PERTH AMBOY, NJ 08863	
Name of Contact: DOUGLAS SABEV		Telephone Number: 732 794 5611		Facility Information	
Name of Facility: 125 MILL ST. APT 4		Type of Facility (4): <input checked="" 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.)		Square Feet: 10,000+ # of Floors: 3 Bldg. Age: 10+	
County Code (7) (STATE USE ONLY): 0045		Current Use (Prior if being demolished): HOUSING		Name of Abatement Contractor (8): ARIAI	
Street Address: 64 MILL ST.		City, State, Zip Code: PATERSON NJ 07501		Telephone No.: 201 990 539 License No.: 1257	
Name of CSHA Monitor: GORAN IGIEV		Street Address: 144 MILL ST.		City, State, Zip Code: PATERSON NJ 07501	
Full Containment with Negative Pressure		Mini-Enclosure		Glovebag Procedure	
Non-Exempted (*) and Non-Friable Procedure		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAM, or other miscellaneous)		Amount (Specify SF or LF)	
T51		200 SF		Abatement Type: Removal Repair Encapsulate	
Name of Registered Landfill: FAIRLESS		City, State: MORRISVILLE, PA		Signature: [Signature] Date: 05/17/19	

13.05.2019 08:46 AM A. Mac Contracting

2012620321



OK1248 PAID **NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

State of New Jersey

Date of Notification (1) 5/13/19

Name of Building Owner/Operator (2) HEKEMIAN & CO. INC

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☒ DOA

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

Street Address 505 MAIN STREET

City, State, Zip Code HACKENSACK NJ 07601

Name of Contact FRANK ROCCO

Telephone Number 55-1427-8900

FACILITY INFORMATION

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

Street Address 23-20 BROADWAY

City (5) FAIRLAWN

County (6) BERGEN

County Code (7) (STATE USE ONLY) _____

Type of Facility (4): ☐ School (K-12), ☐ Subchapter 6 (Other than K-12), ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 6500, # of Floors 2, Bldg. Age 65

Current Use (Prior if being demolished) STORE

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

ASCM No. _____

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, NJ 07432

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No. 201-282-5841, License No. 00166

Start Date (10) 5/13/19, Scheduled Completion Date (11) 5/15/19

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe: _____

Scope of Work (Check All That Apply): ☒ 23 sf or 23 ft, ☐ ≥160 sf or ≥200 ft, ☒ Renovation, ☐ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted ("") and Non-Frable Procedure

Location of Asbestos-Containing Material (ACM) (12) <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	Enclose
<u>Basement</u>			X	<u>PIPE</u>	<u>100 LF</u>	X			
<u>1st Floor</u>			X	<u>VAT</u>	<u>120 SF</u>	X			

Name of Registered Waste Hauler Newark Carting Inc.

NJOEP Waste Hauler ID No. 04509

Cubic Yards of Waste 2

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Newark, NJ 07106

Disposal Date 5/13/19

City, State Pen Argyl, PA 08072

Completed by R. McDonald

Title President

Signature R. McDonald

Date 5/13/19

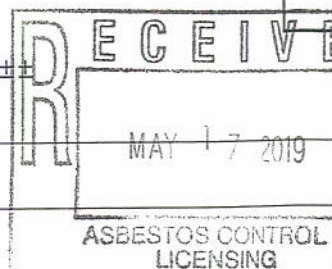
A52-41 (R-02-05)

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

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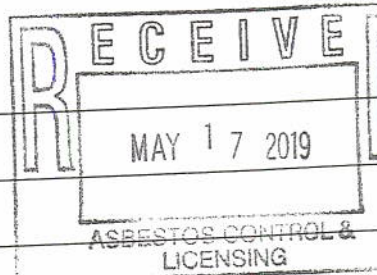
CK3375 PAID

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



Date of Notification (1) 5/10/2019		Check # 3375		Name of Building Owner/Operator (2) Sacred Heart Cathedral				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 89 Ridge Street City, State, Zip Code Newark, NJ 07104 Name of Contact Frank Valliciergo Telephone Number 973-204-6281				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Sacred Heart Cathedral				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 89 Ridge Street				Square Feet 60,000				
City (5) Newark				# of Floors 1				
County (6) ESSEX				Bldg. Age 60+				
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) EA Services Corporation				
Street Address		Street Address 426 69th Street						
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700				
License No. 01074								
Start Date (10) 5/21/19		Scheduled Completion Date (11) 5/23/2019		Name of OSHA Monitor Same as above				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>See A.M.</u>				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiler Room	x			Pipe Insulation	30 LF	x		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises Inc		
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature <i>[Signature]</i>		Date 5/8/2019		

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



OK 3376 PAID

Date of Notification (1) 5/10/2019		Check # 3376		Name of Building Owner/Operator (2) Our Lady of Mount Carmel Parish	
Agencies Notified		Type Notification		Street Address 95 Broadway	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended		City, State, Zip Code Jersey City, NJ 07306	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment #	<input type="checkbox"/> Emergency (including justification)		Name of Contact Fr Pedro Repollet	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			Telephone Number 973-954-1512	
<input type="checkbox"/> DOH					
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of Mount Carmel Parish			Type of Facility (4)		
Street Address 95 Broadway			<input type="checkbox"/> School (K-12)		
City (5) Jersey City			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) HUDSON			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)		
County Code (7) (STATE USE ONLY)			Square Feet 20,000	# of Floors 1	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Church		
ASCM No.			Name of Abatement Contractor (9) EA Services Corporation		
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm			Telephone No. 201-295-1700	License No. 01074	
Start Date (10) 5/22/19	Scheduled Completion Date (11) 5/24/2019		Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input checked="" type="checkbox"/> Other - Describe: 8 AM					

Scope of Work (Check All That Apply)

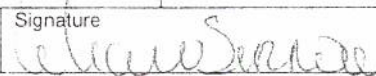
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Rectory Basement		x		Pipe Insulation-Wrap & Cut	35 LF	x		

Name of Registered Waste Hauler Tri-State Transfer Assoc	NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc
City, State Bronx, NY	Disposal Date TBD	City, State Waynesburg, OH	
Completed by Gina Betances	Title Office Manager	Signature <i>[Signature]</i>	Date 5/8/2019

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

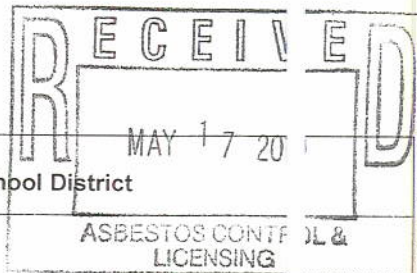
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5-10-2019		Name of Building Owner/Operator (2) Petrone Building Corp						
Agencies Notified	Type Notification	Street Address 70 Grand Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington, NJ 07661						
		Name of Contact Mark Petrone	Telephone Number 201-390-6442					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 77 Ridge Road		Square Feet 8000	# of Floors 2					
City (5) North Arlington, NJ		Bldg. Age 75+						
County (6) Bergen	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) Green Environmental Services, LLC					
Street Address		Street Address 235 Virginia Avenue						
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 5-20-2019	Scheduled Completion Date (11) 5-25-2019	Name of OSHA Monitor Green Environmental Services, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue						
		City, State, Zip Code Jersey City, NJ 07304						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	Enclosure
Roof		X		Roofing Material	280 SF	X		
Second Floor		X		VAT/ Linoleum	880 SF	X		
Store front / 1st Floor		X		Ceiling Tiles	600 SF	X		
Basement		X		Pipe Insulation	100 LF	X		
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 15	Name of Registered Landfill Fairless landfill				
City, State Jersey City, NJ			Disposal Date 5-25-2019	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Manager	Signature 	Date 5-10-2019				

OK5706

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



Date of Notification (1) 05 / 13 / 18		Name of Building Owner/Operator (2) West Windsor-Plainsboro Regional School District							
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 321 Village Road East City, State, Zip Code West Windsor, NJ 08550 Name of Contact Thomas Daly Telephone Number 609-716-5000 x 5351							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maurice Hawk Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 305 Clarksville Road		Square Feet 80,000							
City (5) Princeton Junction		# of Floors 2							
County (6) Mercer		Bldg. # 40							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.							
Street Address 500 Horizon Drive, Suite 540		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Robbinsville, NJ 08691		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Julian Fernandez		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-468-6946		Telephone No. 856-755-0099							
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 05 / 28 / 19		Scheduled Completion Date (11) 05 / 31 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,529 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	7 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 05/31/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/13/19			

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

Date of Notification (1)

5/14/2019

Name of Building Owner/Operator (2)

James Sheridan

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Bloomfield, NJ, 07003

Name of Contact

James Sheridan

Telephone Number

RECEIVED
 MAY 17 2019

ASBESTOS CONTROL &
 LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

James Sheridan

Street Address

City

Bloomfield

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Ac

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

05 24 19

Month Day Year

Sched. Completion Date (11)

05 26 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	70 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

05/28/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

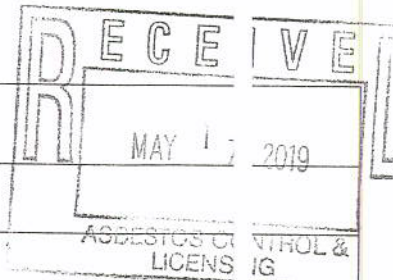
Date

5/14/2019

OK 5708

PAID

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

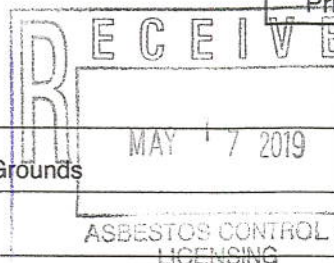


Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) Brian Cunado							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Kenilworth, NJ 07033 Name of Contact Nick Gray Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cunado Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,232							
City (5) Kenilworth		# of Floors 2	Bldg. ge 78						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 06 / 03 / 19	Scheduled Completion Date (11) 06 / 10 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 06/10/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/13/19			

CK 7369

PAID

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



Date of Notification (1) 5/13/19		Name of Building Owner/Operator (2) Ocean County Depart. of Buildings & Grounds	
Agencies Notified	Type Notification	Street Address 239 Washington St , PO box 2191	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River NJ 08753	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joe Meyer	Telephone Number 732-929-2039

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, home etc.)	
Street Address 795 Ocean Ave		Square Feet 1000+	# of Floors 1
City (5) Lakewood NJ 08701		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 5/23/19	Scheduled Completion Date (11) 6/14/19	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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input 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) 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
Through-out			x	Spackle Compound	6000 SF	x		
Basement			x	Floor Tile Mastic	700 SF	x		
Exterior siding			x	Exterior Siding	12 SF	x		

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 07512	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.
City, State Trenton NJ		Disposal Date 6/14/19	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 5/13/19

OK7370 PAID

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

RECEIVE

MAY 17 2019

ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) Sandy Nacca Private Home	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Brant Beach NJ 08008	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Sandy	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandy Nacca Private Home		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
City (5) Brant Beach NJ 08008		Square Feet 1000	# of Floors 1.5
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 5/22/19	Scheduled Completion Date (11) 5/31/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Exterior Siding			x	Exterior Siding	2100SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 5/31/19	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 5/14/19

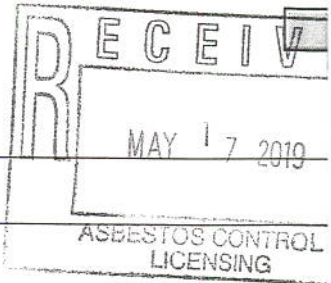
(K#5316)

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

RECEIVED
MAY 17 2019

Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) DFELM, LLC		ASBESTOS CONTROL & LICENSING	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 US Hwy 202/3 City, State, Zip Code Flemington, NJ 08822	
		Name of Contact Bill		Telephone Number 9087823613	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Clinton Honda Building			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 & commercial building, homes, etc.)		
Street Address 1464 Rte 31N			Square Feet 5000		
City (5) Annandale			# of Floors 1		
County (6) Hunterdon			Current Use (Prior to being demolished) Car dealer		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address				Street Address 95 Montrose Rd	
City, State, Zip Code				City, State, Zip Code Columbia, New Jersey 0722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (732) 2941757	
Start Date (10) 5/23/19		Scheduled Completion Date (11) 5/30/19		License No. 00029	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-2pm				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"/> ≥ 160 sf or ≥ 2260 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) 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)	
		Yes No N/A		Amount (Specify SF or LF)	
interior		X		linoleum 1200	
interior		X		glaze 15 windows X	
basement		X		pipe insulation 40 LF X	
Name of Registered Waste Hauler Ace Insulation		NJDEP Waste Hauler ID No. 17086		Cubic Yards of Waste 3	
City, State Columbia, New Jersey		Disposal Date 5/30/19		Name of Registered Landfill Christy / Fairless	
Completed by Brenna Sore		Signature Secretary/Treasurer		Date 5/14/19	



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

Date of Notification (1) 05/15/19		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 211 N. Main Street							
<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 Pennington, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 211 N. Main Street		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 211 N. Main Street		Square Feet	# of Floors						
City (5) Pennington, NJ		Bldg. Age							
County (6) Mercer	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) 05/27/19	Scheduled Completion Date (11) 05/30/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				PIPE INSULATION	200LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 05/30/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 05/15/19			

B & G proj. #: 2019-92

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

Roofing materials added

Check # 9290

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Henpal Realty		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 17 2019 ASBESTOS CONTROL LICENSING </div>
Agencies Notified	Type Notification	Street Address 222 Grand Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07040		
		Name of Contact Paul Schmidt	Telephone Number 201-569-8500	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Former Sears Hardware & Appliance			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 80 Godwin Ave			Square Feet # of Floors Bldg. Age		
City (5) Midland Park	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Sears Store		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/07/2019		Sched. Completion Date (11) 05/21/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<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: _____			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☒ Demolition ☐ Renovation ☐ wrap & cut
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Main flat roof			<input checked="" type="checkbox"/>	roofing	42 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper round roof			<input checked="" type="checkbox"/>	rolled roofing	14,400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper round roof			<input checked="" type="checkbox"/>	equipment flashing	12 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front step roofs perimeter			<input checked="" type="checkbox"/>	flashing & seams	1,800 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/07-21/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/10/2019

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

B & G proj. #: 2019-92

Check # 9262

Date of Notification (1) 04/23/19		Name of Building Owner/Operator (2) Henpal Realty		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">MAY 17 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL</div>
Agencies Notified	Type Notification	Street Address 222 Grand Avenue		
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Englewood, NJ 07040		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Paul Schmidt		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-569-8500		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Former Sears Hardware & Appliance				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 80 Godwin Ave				Square Feet	# of Floors
City (5) Midland Park		County (6) Bergen		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a				ASCM No.	
Street Address				Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code				Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm				City, State, Zip Code Lincoln Park, NJ 07035	
Phone Number				Telephone Number (973)696-6869	
Scheduled Start Date (10) 05/07/2019				License Number 00378	
Sched. Completion Date (11) 05/21/2019				Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
2nd Floor and stairwell from 2nd Fl. to 1st Fl.			X	sheetrock & ACM joint compound	4,500 sqft	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/07-21/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/23/2019

CK 4826

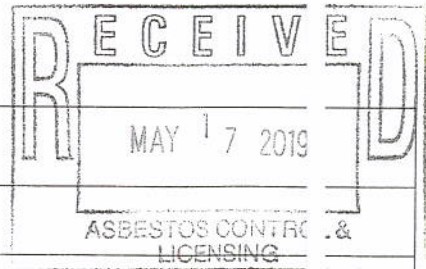
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAY 17 2019

Date of Notification (1) <u>5-13-19</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u> City, State, Zip Code <u>GREENFIELD NJ 08230</u> Name of Contact <u>BRUCE</u> Telephone Number _____	
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u> # of Floors <u>2</u> Blk. Age <u>50+</u>	
City (5) <u>MARGATE</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	
Street Address		ASCM No.	
City, State, Zip Code		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Project Manager for Monitoring Firm		Street Address <u>369 S. SPROUCE AVE</u>	
Telephone No.		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Start Date (10) <u>5-23-19</u>		Telephone No. <u>856-779-0472</u>	
Scheduled Completion Date (11) <u>6-3-19</u>		License No. <u>01371</u>	
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: _____		Name of OSHA Monitor <u>N/A</u>	
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		Street Address	
City, State, Zip Code			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<u>SIDING</u>	X	<u>TRANSITE</u>	<u>1250 SF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACUA</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-13-19</u>

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



Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) David Vicroy	
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 [REDACTED] City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Nick Gray	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vicroy 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 building, homes, etc.)	
Street Address [REDACTED]			
City (5) Short Hills		Square Feet 1,371	# of Floors 2
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 05 / 22 / 19	Scheduled Completion Date (11) 05 / 24 / 19		Name of OSHA Monitor EMSL Analytical, Inc.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

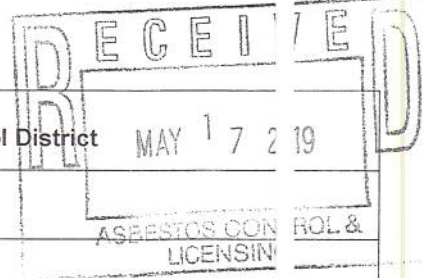
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Lower Level Living Room & Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	765 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

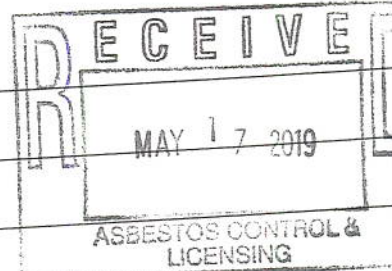
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 05/24/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 5/13/19	

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



Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) West Windsor-Plainsboro Regional School District					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 321 Village Road East City, State, Zip Code West Windsor, NJ 08550 Name of Contact Thomas Daly					
		Telephone Number 609-716-5000 x 5351					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Maurice Hawk Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial building homes, etc.)					
Street Address 305 Clarksville Road		Square Feet 80,000					
City (5) Princeton Junction		# of Floors 2	Bldg. Area 40				
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.	ASCM No. 00131	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue					
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Julian Fernandez	Telephone No. 609-468-6946	Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 05 / 24 / 19	Scheduled Completion Date (11) 05 / 29 / 19	Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		Enclosure
	Yes	No			N/A	Removal	
Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	70 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 05/29/2019		City, State Morrisville, PA			
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 5-13-19			

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



Date of Notification (1) 5/13/19		Name of Building Owner/Operator (2) NJDPMC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State St City, State, Zip Code Trenton, NJ Name of Contact Regina Bruno
	Telephone Number 609-433-8745		

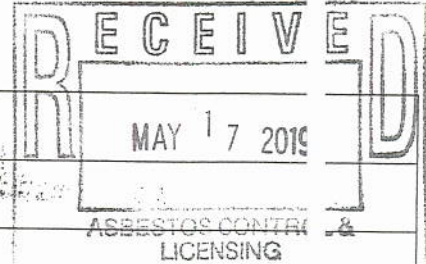
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) former Residence BLUE ACRES Street Address 8 Leroy Ave City (5) South River NJ County (6) Middlesex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code	Square Feet 2,000 # of Floors 2 Bldg. Age 50+ Current Use (Prior if being demolished) Abandoned Blue Acres		
Project Manager for Monitoring Firm Start Date (10) _____ Scheduled Completion Date (11) _____	ASCM No. _____ Name of Abatement Contractor (9) Yannuzzi Environmental Svcs, Inc Street Address 135 Kinnelon Rd , Suite 102 City, State, Zip Code Kinnelon, NJ 07405 Telephone No. 908-448-5709 License No. 01228 Name of OSHA Monitor Yannuzzi Env. Services, Inc Street Address 35 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405		

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
			x	VAT	35 SF	x			
Rear Vestibule			x	VAT & Mastic	400 SF	x			
Basement Floor			x	VAT & Mastic	400 SF				
Attic Floor			x						

Name of Registered Waste Hauler Yannuzzi Group, Inc. City, State Kinnelon, NJ	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 30 Disposal Date _____	Name of Registered Landfill GROWS Fairless City, State Morrisville, PA Signature Date 5/13/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



OK 00 2702 PAID

Date of Notification (1) 5/13/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ						
		Name of Contact Regina Bruno	Telephone Number 609-433-8745					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) former Residence BLUE ACRES		Type of Facility (4)						
Street Address 15 Maple St		<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, etc.)						
City (5) South River NJ		Square Feet 2,000	# of Floors 2 1/2					
County (6) Middlesex		Bldg. Age 50+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned Blue Acres						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Svcs, Inc					
Street Address		Street Address 135 Kinnelon Rd , Suite 102						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 908-448-5709	License No. 01228					
Start Date (10) 5-14-19	Scheduled Completion Date (11) 5-17-19	Name of OSHA Monitor Yannuzzi Env. Services, Inc						
Occupancy Status During Abatement (Check Only One)		Street Address 35 Kinnelon Rd. Suite 102						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
First Floor			X	VAT Substrate	250 SF	X		
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Fairless				
City, State Kinnelon, NJ		Disposal Date		City, State Morrisville, PA				
Completed by John Mucha		Title Project Manager		Signature <i>John Mucha</i>		Date 5/13/19		

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

Check # 25876

Date of Notification (1) 5/14/2019		Name of Building Owner/Operator (2) Front Porch Realty LLC							
Agencies Notified	Type Notification	Street Address PO Box 4636							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highland Park, NJ 08904							
		Name of Contact Jeffery Aaron	Telephone Number (732) 801-3430						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Highland Park, NJ 08904		Square Feet 2500	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 80 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/24/2019	Scheduled Completion Date (11) 5/31/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	
Basement		X		Thermal Pipe Insulation	220 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 6/3/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 5/14/2019			

OK 2/19

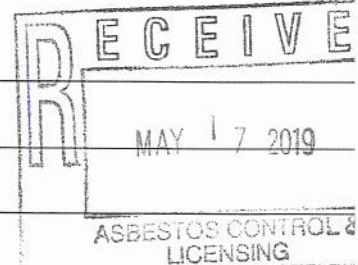
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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED	MAY 17 2019
	ASBESTOS CONTROL & LICENSING

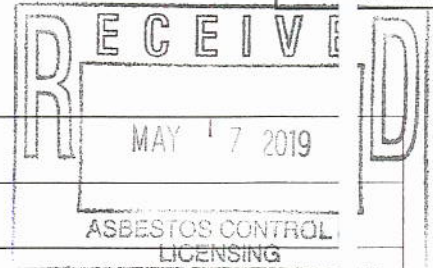
Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) Lisa Silberberg						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652						
		Name of Contact Lisa Silberberg	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Paramus		Square Feet 2200	# of Floors 2					
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.						
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663						
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305					
Start Date (10) 5/20/19	Scheduled Completion Date (11) 5/25/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Main Area Basement		x		VAT	364 SF	x		
Closet		x		VAT	16 SF	x		
Walk-In Closet		x		VAT	34 SF	x		
Laundry Room		x		VAT	68 SF	x		
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ		Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 5/14/19		

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



Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) Edward Burke							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact Edward Burke	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bergenfield		Square Feet 1700	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 5/15/19	Scheduled Completion Date (11) 5/19/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	
Basement Bedroom		x		VAT	255 SF	x			
Basement Bedroom		x		Pipe Wrap	31 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 5/14/19		

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



CK 2121 Date of Notification (1) 5/14/19		PAID Name of Building Owner/Operator (2) Vivian Rosenfeld		Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Sparta, NJ 07871 Name of Contact Stephen Rosenfeld					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>				Square Feet 1900					
City (5) Sparta				# of Floors 2					
County (6) Sussex				Bldg. Age 65 +/-					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184					
License No. 01305									
Start Date (10) 5/16/19		Scheduled Completion Date (11) 5/20/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Storage Room		x		VAT	85 SF	x			
Storage Room		x		Mastic	187 SF				x
Laundry Room		x		VAT	76 SF	x			
Laundry Room		x		Mastic	76 SF				x
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3 yd		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Saddle Brook, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Richard Cristofol		Title President		Signature 		Date 5/14/19			

CK 9292
B & G proj. #: 2019-116

PAID

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

Check # 9292

Date of Notification (1) 05/14/19		Name of Building Owner/Operator (2) Benjamin McCardell		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 17 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039		
		Name of Contact Benjamin McCardell		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Benjamin McCardell			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) Livingston, NJ 07039	County (6) Essex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/24/2019	Sched. Completion Date (11) 05/25/2019		Name of OSHA Monitor B & G Restoration, 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: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
basement boiler rm & play room			<input checked="" type="checkbox"/>	pipe insulation	68 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/28/19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/14/2019

PAID

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

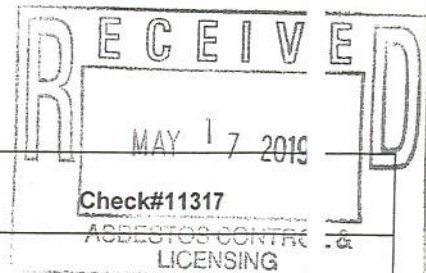
chk #35-2

Date of Notification (1) 5 / 14 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 17 2019 ASBESTOS CONTROL BRISTOL </div>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Middletown 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 1009 State Route 35				City (5) Middletown				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Square Feet 12,425				
				# of Floors 2				
				Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8) Chubb Global Risk Advisors		ASCM No.		Current Use (Prior if being demolished) Verizon				
Street Address 10 Exchange Place		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
City, State, Zip Code Jersey City, NJ 07302		Street Address 1123 BEAVER STREET						
Project Manager for Monitoring Firm Brian Kingsbury		City, State, Zip Code BRISTOL, PA 19007						
Telephone No. 201-356-5166		Telephone No. 215-788-6040		License No. 00509				
Start Date (10) 5 / 28 / 19		Scheduled Completion Date (11) 6 / 14 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-1:00PM/ _____ PM- _____ AM				Street Address 1123 BEAVER STREET				
				City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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 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 Enclosure
	Yes	No	N/A			Removal	Repair	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	88 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL		
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro		Date 5-14-19		

OK 11317

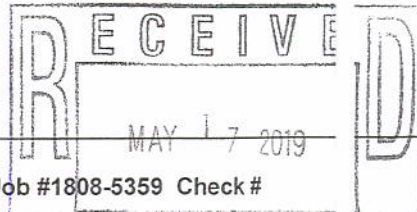
PAID

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



Date of Notification (1) 5 / 15 / 19		Name of Building Owner/Operator (2) PSE&G / Job #1905-5482		Check #11317 ASBESTOS CONTROL LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Park Avenue City, State, Zip Code Newark, NJ Name of Contact Danielle Lartaud Telephone Number 908-756-7736					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Ewing Substation				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 1475 Prospect Street				Square Feet					
City (5) Ewing, NJ 08638				# of Floors					
County (6) Union				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) 5 / 28 / 19		Scheduled Completion Date (11) 6 / 28 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Panes	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	120 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 Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40	Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ		Disposal Date 6/28/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5/15/19			

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

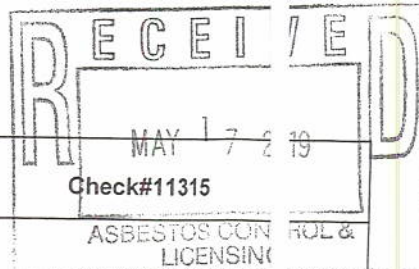


NOCK

Date of Notification (1) 5 / 15 / 19			Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 Check #			
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 #8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Nugentown Road City, State, Zip Code Little Egg Harbor, NJ Name of Contact Kevin MacDonald Telephone Number 856-662-9500		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Pinelands Junior High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 590 Nugentown Road				Square Feet		
City (5) Little Egg Harbor, NJ				# of Floors		
County (6) Ocean				Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCN No.		Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25				
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		License No. 00529		
Start Date (10) 8 / 22 / 18		Scheduled Completion Date (11) 6 / 28 / 19		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No	N/A			
Various Bathroom/Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom fixture caulk	600 LF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Enclosure
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	400 LF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 6/28/19		City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 5-15-19

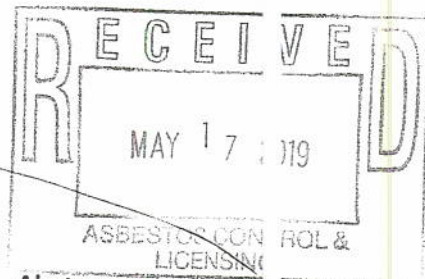
OK 11315 PAID

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



Date of Notification (1) 5 / 13 / 19			Name of Building Owner/Operator (2) PSE&G / Job # 1904-5460			Check #11315			
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road			ASBESTOS CONTROL & LICENSING		
City, State, Zip Code South Plainfield, NJ									
Name of Contact Patrick Dispoto				Telephone Number 908-986-5741					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Madison Street Substation						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 building; homes, etc.)			
Street Address 1160 Madison Street									
City (5) Hoboken						Square Feet		Bldg. Ag	
County (6) Hudson			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Substation			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address PO Box 365			Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm James Proctor			Telephone No. 609-704-8850		Telephone No. 609-265-2107		License No. 00529		
Start Date (10) 4 / 22 / 19			Scheduled Completion Date (11) 5 / 24 / 19			Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM						Street Address 200 Route 130 North			
						City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Enclosure	
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Panels	95 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4KV Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Environmental Transport Group, INC.			NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 25		Name of Registered Landfill Grows- Fairless Landfill		
City, State Flanders, NJ			Disposal Date 5/24/19		City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator			Signature 		Date 5-13-19		

Scope of Work Cont.



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Control House	NO	Roofing	450 SF	Removal

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

RECEIVED	
MAY 17 2019	
Check#11314	
ASBESTOS CONTROL & LICENSING	

OK11314 PAID
Date of Notification (1)
5 / 13 / 19

Name of Building Owner/Operator (2)
PSE&G / Job #1905-5479

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

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

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Art Sferlazzo

Telephone Number
732-684-1085

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Former Exxon Station

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

Street Address
468 Route 71 North

City (5)
Harbrouck Heights, NJ

Square Feet # of Floors Bldg. Age

County (6)
Bergen

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Substation

Name of Monitoring Firm Hired by Building Owner (8)
NA

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
6 / 3 / 19

Scheduled Completion Date (11)
6 / 7 / 19

Name of OSHA Monitor
EMSL Analytical

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/____PM-____AM

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler ID No.
000692061

Cubic Yards of Waste
40

Name of Registered Landfill
Grows- Fairless Landfill

City, State
Flanders, NJ

Disposal Date
6/7/19

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gwendolyn Trumbetti

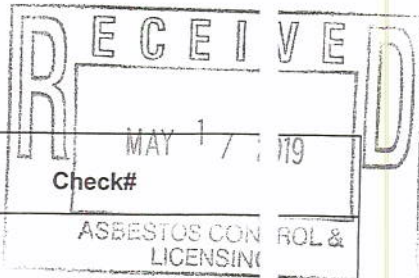
Title
Operations Coordinator

Signature

Date
5-13-19

NOCK

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



Date of Notification (1) <u>5</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1903-5447		Check#	
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Park Avenue City, State, Zip Code Newark, NJ Name of Contact Chris Castronova	
				Telephone Number 908-412-2206	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bay Way Refinery				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building; homes, etc.)	
Street Address 1400 park Avenue				Square Feet	
City (5) Linden, NJ 07036				# of Floors	
County (6) Union				Bldg. Ag	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Refinery			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		License No. 00529	
Start Date (10) <u>5</u> / <u>13</u> / <u>19</u>		Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>19</u>		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	235 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 8	
City, State Flanders, NJ		Disposal Date 5/31/19		Name of Registered Landfill Grows- Fairless Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 5-13-19	

CK1777

PAID

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

CHECK# 1777

Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) KIRK AND VALERIE HARRIS		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 17 2019 ASBESTOS CONTRACTOR </div>			
Agencies Notified		Type Notification				Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code VINCENTOWN NJ 08088 Name of Contact KEVIN MCATEER	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				Type of Facility (4)			
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) VINCENTOWN				Square Feet 1,311	# of Floors 1		
County (6) BURLINGTON				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL-VACANT		
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS			ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.			
Street Address 400 STREET ROAD			Street Address 570 CLEMS RUN				
City, State, Zip Code BENSALEM PA 19020			City, State, Zip Code MULLICA HILL NJ 08062				
Project Manager for Monitoring Firm MIKE PANEPRESSO			Telephone No. 215-244-1300	Telephone No. 610-304-4676	License No. 01145		
Start Date (10) 05/14/2019		Scheduled Completion Date (11) 05/20/2019		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH			
<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 CINNAMINSON NJ 08077			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		
	Yes	No	N/A				
THROUGHOUT HOUSE			X	NF1 FLOOR TILE	1000 SF		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES			NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 15	Name of Registered Landfill MINERVA LANDFILL		
City, State MULLICA HILL NJ			Disposal Date 05/21/2019	City, State WAYNESBURG, OH			
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>	Date 05/13/2019		

05/13/2019 11:22AM 18562248799

ASSURED SERVICES

RECEIVED
PAGE 03/0
MAY 17 2019
CHECK# 1777
10 DAY
CLASSIFICATION CONTROL
LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:26 AND 12:122)

Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) KIRK AND VALERIE HARRIS		CLASSIC DAY CONTROL LICENSING				
Agencies Notified		Type Notification		Street Address				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED]				
				City, State, Zip Code VINCENTOWN NJ 08089				
				Name of Contact KEVIN MCATEER				
FACILITY INFORMATION								
Name of Facility Where Abatement Is Taking Place (3) RESIDENTIAL				Type of Facility (4)				
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)				
City (5) VINCENTOWN				Square Feet 1,311	# of Floors 1			
County (6) BURLINGTON				County Code (7) (STATE USE ONLY)	Bldg. Age 76			
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
Street Address 400 STREET ROAD				Street Address 670 CLEMS RUN				
City, State, Zip Code BENSALEM PA 19020				City, State, Zip Code MULLICA HILL NJ 08062				
Project Manager for Monitoring Firm MIKE PANEPRESSO		Telephone No. 215-244-1300		Telephone No. 610-304-4676	License No. 01145			
Start Date (10) 05/14/2019		Scheduled Completion Date (11) 05/20/2019		Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH				
<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 CINNAMINSON NJ 08077				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> 23 or of 23 lf <input checked="" type="checkbox"/> ≥180 of or ≥230 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
THROUGHOUT HOUSE			X	NF1 FLOOR TILE	1000 SF	X		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0054895		Cubic Yards of Waste 15	Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ				Disposal Date 05/21/2019	City, State WAYNESBURG, OH			
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 05/13/2019		

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

RECEIVED
MAY 17 2019

Date of Notification (1) 04 / 09 / 19		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified		Street Address 2198 STANLEY TERRACE	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code UNION, NJ	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact KEVIN KNIGHT	
<input checked="" type="checkbox"/> DOH	Amendment # 1	Telephone Number 732-850-3578	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/>	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

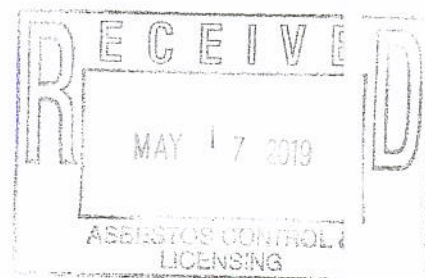
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)	
Street Address 2198 STANLEY TERRACE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) UNION	County (6) UNION	County Code (7)	Building Age 40 +
Square Feet 10,000		# Of Floors 1	
Current Use (Prior if being demolished) PRODUCTION/OFFICE			
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 300 KIMBALL DR, 4TH FLOOR		Street Address 32 Williams Parkway	
City, State, Zip Code PARSIPPANY, NJ 07054		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm BRIAN FEURY		Telephone Number 973-560-4857	
Scheduled Start Date (10) 05 / 06 / 19	Sched. Completion Date (11) 06 / 21 / 19	Telephone Number 973-884-8682	License Number 00860
Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 32 Williams Parkway	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____		City, State, Zip Code East Hanover, NJ 07936	
<input type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			

Scope of Work (Check All That Apply)

- | | | |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Demolition | <input 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 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
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW GLAZING	21 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING & FLASHING	8,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF TAR	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ENVIRONMENTAL TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. *00692061	Cubic Yards Of Waste -100	Name of Registered Landfill FAIRLESS LANDFILL		
City, State FLANDERS, NJ		Disposal Date TBD	City, State MORRISVILLE, PA			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 04/19/19	

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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				E N C L O S U R E
	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		
OFFICES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>



01341 PAID

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

RECEIVED
MAY 17 2019
Print Form

Date of Notification 05/11/19		Name of Building Owner/Operator (2) PERTH AMBOY HOUSING AUTHORITY		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of 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 881 AMBOY AVE. P.O. BOX 390	
		City, State, Zip Code PERTH AMBOY, NJ 08863		Name of Contact DOUGLAS SABRY	
				Telephone Number 732 794 5611	
FACILITY INFORMATION					
Name of Facility (Where Abatement is Taking Place) (3) TOWN & COUNTRY GARDEN			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.)		
Current Address 125 W. 2ND STREET AVE			Square Feet 10,000+		
City (5) HIGHLAND, NJ			# of Floors 3		
County (6) MIDDLESEX			Bldg. Age 40		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) HOUSING		
Name of Monitor (Not required if Building Owner) (8) EMERSON ELECTRIC TESTING		ASCM No. 0045		Name of Abatement Contractor (9) ARIAT	
Street Address 64 BRIDGE ST		Street Address 144 MILL ST		City, State, Zip Code PATERSON NJ 07501	
City, State, Zip Code MIDDLESEX NJ 07030		City, State, Zip Code PATERSON NJ 07501		Telephone No. 201 900 539	
Project Manager THOMAS J. GARDNER		Telephone No. 732 290 2217		License No. 1257	
Start Date 05/10		Scheduled Completion Date (11)		Name of OSHA Monitor GORAN IGIEV	
Occurrence of Asbestos (Check one) <input checked="" type="checkbox"/> Found during abatement process <input type="checkbox"/> Abatement was required by local facility hours		Street Address 144 MILL ST		City, State, Zip Code PATERSON NJ 07501	
Score of Asbestos (12) 100%		Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Asbestos Location Normally Used Solely by Maintenance/Industrial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		TSI		200 SF	
Name of Registered Landfill FAIRLESS		Cubic Yards of Waste 10		City, State NORRISVILLE, PA	
City, State PATERSON, NJ		Disposal Date TBD		Signature [Signature]	
Company GARDNER		Date 05/11/19			

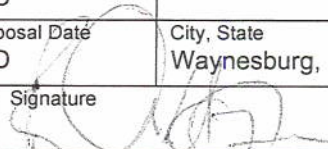
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 26227

Date of Notification (1) 05-10-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 17 2019 APPROPRIATE AGENCIES CONTROL & INSURING </div>	
Agencies Notified	Type Notification	Street Address 74 Street 1603			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway NJ 08854 Name of Contact Michael F Smith			
		Telephone Number 848-445-2550			

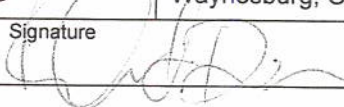
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Richardson Apartments			Type of Facility (4)		
Street Address 187 Bevier Road			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Piscataway			Square Feet	# of Floors 3	Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.		
Street Address 3 Terri Ln		Street Address 200 Broad Street			
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Carlstadt, NJ 07072			
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 201-939-6565	License No. 00756	
Start Date (10) 06-03-19		Scheduled Completion Date (11) 06-21-19		Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 10-59 Jackson Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am - 8am, 24hr access "unoccupied"			City, State, Zip Code Long Island City, NY 11101		
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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulation	
2nd Floor			x	Vinyl Sheet Flooring/VAT	1,600SF	x			
3rd Floor			x	Vinyl Sheet Flooring/VAT	1,600SF	x			

Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Newark, NJ			Disposal Date TBD	City, State Waynesburg, OH 44688	
Completed by Richard Doran		Title Project Manager	Signature 		Date 05-10-19

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

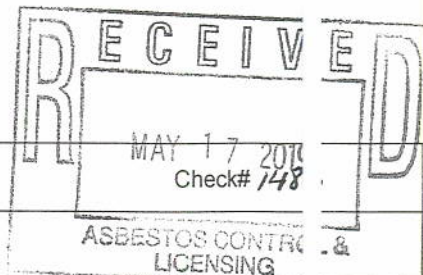
CHECK #26226

Date of Notification (1) 05-10-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ						
Agencies Notified	Type Notification	Street Address 74 Street 1603						
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway NJ 08854						
		Name of Contact Michael F Smith	Telephone Number 848-445-2550					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Nicholas Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 43 Dudley Rd		Square Feet	# of Floors 4					
City (5) New Brunswick		Bldg. Age 60+ yrs						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Academic						
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 3 Terri Ln		Street Address 200 Broad Street						
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Carlstadt, NJ 07072						
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 201-939-6565					
License No. 00756								
Start Date (10) 05-24-19	Scheduled Completion Date (11) 06-17-19	Name of OSHA Monitor Even-Air Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5pm - 5pm; 24hr access; "unoccupied"		Street Address 10-59 Jackson Avenue						
		City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
1st Floor			x	VAT/Mastic	10,141SF	x		
2nd Floor			x	VAT/Mastic	12,288SF	x		
3rd Floor			x	VAT/Mastic	10,767SF	x		
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Newark, NJ			Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager	Signature 	Date 05-10-19				

CK1483

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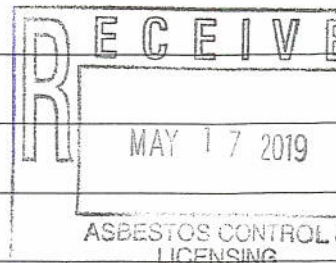
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/14/2019		Name of Building Owner/Operator (2) Central Presbyterian Church							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 70 Maple Street							
		City, State, Zip Code Summit, New Jersey 07901							
		Name of Contact Peter Richardson	Telephone Number 908-273-0441 x 15						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Presbyterian 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 70 Maple Street		Square Feet 30,000	# of Floors 1 Bldg. Age 50+						
City (5) Summit, New Jersey 07901		Current Use (Prior if being demolished) Church							
County (6) Union	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 560 Sylvan Avenue, Suite 3065		Street Address 246 Union Boulevard							
City, State, Zip Code Englewood, New Jersey 07632		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400 License No. 01104						
Start Date (10) 05/28/2019	Scheduled Completion Date (11) 05/30/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment <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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Exterior		X		Window Glazing	20 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 05/30/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 5/14/2019			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12-120)



Date of Notification (1) May 14, 2019		Name of Building Owner/Operator (2) PA of NY & NJ			
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCP (Not reg. 12/01/04 per State Reg. 10:27-4) <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 241 Erie Street City, State, Zip Code Jersey City, NJ 07302 Name of Contact Ralph Campione			
		Telephone Number 973-624-6898			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Terminal B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address Newark Liberty International Airport		Square Feet 320,000	# of Floors 2		
City (5) Newark		Bldg. Age 50 +/-			
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Terminal			
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.		
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue			
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011			
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120		
Start Date (10) May 28, 2019	Scheduled Completion Date (11) July 03, 2019	Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Full Containment Occupied Building		Street Address 200 Route 130 N City, State, Zip Code Cinnaminson, NJ 08077-2892			
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) 684 sq ft	Abatement Type Removal Encapsulate Enclosure
	Yes	No			
Gates Level, Air Canada Proposed Office Space Column 6A		<input checked="" type="checkbox"/>	Sprayed-on Fireproofing		<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Jimmy Byrne Trucking	NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Bronx, NY		Disposal Date 05/29/2019 - 07/03/2019	City, State Waynesburg, OH		
Completed by G. Roger Woodman	Title Project Manager	Signature 	Date 5/14/2019		