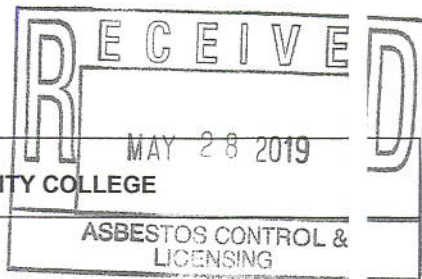


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 4 / 3 / 19		Name of Building Owner/Operator (2) BOARD OF TRUSTEES-ATL COMMUNITY COLLEGE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 5-24-2019 Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 BLACK HORSE PIKE City, State, Zip Code MAYS LANDING, NJ 08330 Name of Contact Telephone Number 609 625-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ATLANTIC CAPE COMMUNITY COLLEGE BLDG A		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 5100 E BLACK HORSE PIKE		Square Feet >50,000							
City (5) MAYS LANDING		# of Floors	Bldg. Age 55						
County (6) ATLANTIC	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SER		ASCM No. 00100	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 1805 ATLANTIC AVENUE		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MANASQUAN NJ 08736		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732 223-2225	License No. 00783						
Start Date (10) 5 / 27 / 19	Scheduled Completion Date (11) 6 / 10 / 19	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____ PM- ____ AM		Street Address N/A City, State, Zip Code N/A							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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			Enclosure	
	Yes	No			N/A	Removal	Repair		Encapsulate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please see attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>		Date 5/24/19				

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Building A		YES NO N/A						
Rooms A102,A103, A113, A117,A134, A134 Closet A137,A137 Closet A139A, A139B, A141, A141 Closet,A144 & A144 Closet		X	12 X 12 Vinyl Floor Tile	3,150 SF	X			
Interior and Exterior Window Frames A102,A103,A113,A117 A132 Restroom, A134,A137 A139A, A139B, A141, A144 A145 Restroom		X	Window Caulk	500 LF	X			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 28 2019 ASBESTOS CONTROL & LICENSING </div>								

Ch 4561

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:26)

R	RECEIVED	MAY 28 2019
	ASBESTOS CONTROL & LICENSING	

Date of Notification (1) May 24, 2019		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<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 Princeton, NJ 08544							
		Name of Contact Bob Ortego	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,800	# of Floors 3						
City (5) Princeton		Bldg. Age 60+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1253 N. Church Street		Street Address 303 B National Road							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 856-840-8800	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) June 7, 2019	Scheduled Completion Date (11) August 30, 2019	Name of OSHA Monitor EMSL							
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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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	
See Attached									
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally @</i>			Date May 24, 2019		

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

RECEIVED
MAY 28 2019

Date of Notification (1) 05 / 20 / 19		Name of Building Owner / Operator (2) STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 CASTLE POINT ON HUDSON		City, State, Zip Code HOBOKEN, NJ 07030	
Name of Contact ROBERT MAFFIA		Telephone Number 201-216-3542	

FACILITY INFORMATION

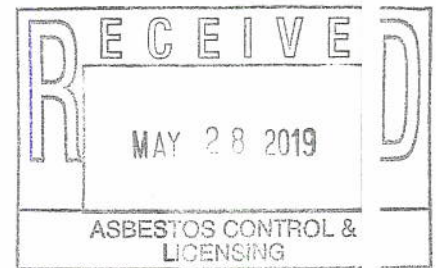
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY HAYDEN HALL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1 CASTLE POINT ON HUDSON			Square Feet 75,000		
City (5) HOBOKEN		County (6) HUDSON	County Code (7)	# Of Floors 3	Building Age 40+
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL			ASCM NO		
Street Address 1600 Route 22 East			Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC		
City, State, Zip Code Union, NJ 07038-1597			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm MIKE NEHLEN			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-688-7800			Telephone Number 973-884-8682		
Sched. Start Date (10) 06 / 05 / 19			Sched. Completion Date (11) 08 / 30 / 19		
License Number 00860			Occupancy Status During Abatement (Check Only 1) <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: 8:00AM-6:00PM MON-FRI		
Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC			Street Address 32 Williams Parkway		
City, State, Zip Code East Hanover, NJ 07936					

Scope of Work (Check All That Apply)

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

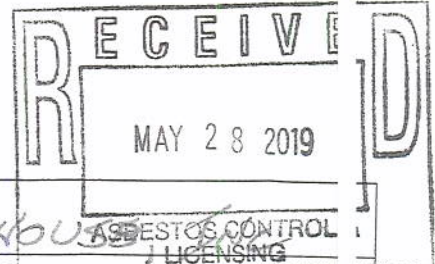
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
4TH FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4TH FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MIRROR MASTIC	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4TH FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	5,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	410 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature 		Date 05/20/19		

Location of Asbestos Containing Material (ACM) <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			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,785 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	330 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	90 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW CAULK	2,450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COPING CAULK	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING/TAR	645 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"/>



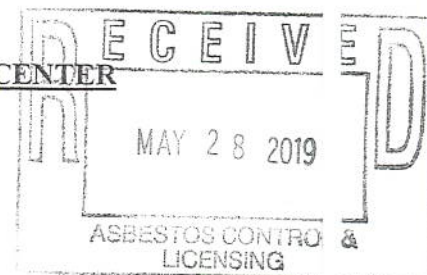
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>5-23-19</u>		Name of Building Owner/Operator (2) <u>NAIBST + KIBBLER HOUSE</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>4747 S. BROAD ST. BLDG. 101</u>	
		City, State, Zip Code <u>PHILADELPHIA, PA 19112</u>	
		Name of Contact <u>ED BURNS</u>	Telephone Number <u>(610) 584-8500</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>FORMER JBARNS DEPT. STORE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) <u>COMMERCIAL RETAIL</u>	
Street Address <u>1750 DEPTFORD CENTER RD</u>		Square Feet <u>104,000</u>	# of Floors <u>2</u>
City (5) <u>DEPTFORD, NJ</u>		Bldg. Age <u>46</u>	
County (6) <u>GLOUCESTER</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>COMMERCIAL RETAIL</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>LPR ASSOC + ENVIRO</u>	ASCM No. <u>LC78012</u>	Name of Abatement Contractor (9) <u>ASSOCIATED SPECIALTY CONTRACTING, INC.</u>	
Street Address <u>191-20 115 ROAD</u>		Street Address <u>98 LA CRUE AVE</u>	
City, State, Zip Code <u>ST. ALBANS, NY 11412</u>		City, State, Zip Code <u>GLEN MILLS, PA 19342</u>	
Project Manager for Monitoring Firm <u>PAUL OLISAH</u>	Telephone No. <u>(347) 282-4141</u>	Telephone No. <u>(610) 364-9622</u>	License No.
Start Date (10) <u>5-1-2019</u>	Scheduled Completion Date (11) <u>6-1-2019</u>	Name of OSHA Monitor <u>SYNERTECH</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 - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <u>2206 S. BROAD ST</u>	
		City, State, Zip Code <u>PHILN, PA 19145</u>	
Scope of Work (Check all that apply)			
<input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>NA-ABATEMENT</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>SEE ATTACHED</u>	Amount (Specify SF or LF)
<u>TO BE COMPLETED BY OWNER PRIOR TO DEMO</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State		Disposal Date	City, State
Completed By (Print or Type) <u>ED BURNS</u>	Title <u>PROJECT MGR.</u>	Signature <u>Ed Burns</u>	Date <u>5/23/19</u>

ASBESTOS SURVEY REPORT
DEPTFORD MALL – SEARS STORE & SEARS AUTO CENTER
DEPTFORD, NEW JERSEY
TABLE OF CONTENTS



- 1.0 EXECUTIVE SUMMARY
- 2.0 REGULATIONS
- 3.0 SAMPLING, LABORATORY PROCEDURES AND METHODS
- 4.0 LIMITATIONS
- 5.0 FINDINGS AND CONCLUSIONS

SAMPLE LOGS

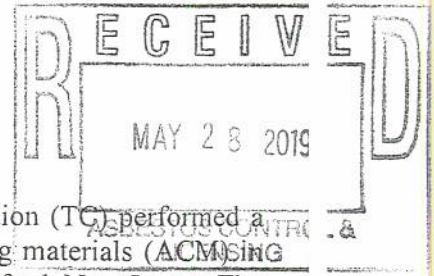
PLANS DEPICTING SAMPLE LOCATIONS

PHOTOS

APPENDICES

- A: MACERICH MANAGEMENT ASBESTOS TESTING CRITERIA
- B: LABORATORY ANALYTICAL RESULTS AND CHAIN OF CUSTODY DOCUMENTATION
- C: CERTIFICATIONS
- D: PREVIOUS REPORT
- E: JOB WALK PACKAGE

1.0 EXECUTIVE SUMMARY



At the request of the Macerich Management Company, Tabbara Corporation (TC) performed a supplemental survey on February 15 and 16, 2018 for asbestos-containing materials (ACM) at the Sears Store and Sears Auto Center located at the Deptford Mall in Deptford, New Jersey. The field work was performed by Mr. Paul Olisah, an AHERA Certified Building Inspector # 690475. The scope of work was conducted in compliance with current state and federal asbestos regulations.

The survey included visual observation for ACM, sampling of suspect materials, and laboratory analysis. Every effort was made to survey all accessible suspect materials. Additional suspect but un-sampled materials could be located between walls, in voids, or in other areas; caution should be exercised regarding these areas.

The first previous survey was conducted by Tabbara Corporation on June 10, 2015 (Job #102750). Additional surveys before that were conducted by Watterson Environmental Group, LLC in August 2014 (Job #85965.01) and in December 2004 (Job #80935.01).

TC's finding and conclusions are included in this report.

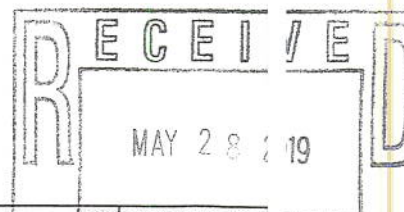
Bulk Sampling

TC collected a total of twenty-seven (27) bulk samples to be analyzed by Polarized Light Microscopy (PLM). Construction materials that contain asbestos fibers in percentages greater than one percent (>1%) are regulated by government agencies in the state of New Jersey.

Asbestos Containing Materials

Sears Store:

Space	Material (Sample #)	Location(s)	Level of Asbestos	Quantity	Condition
Sears Store (Current Survey By TC)	None	N/A	N/A	N/A	N/A
Sears Store (2015 Survey By TC)	12" x 12" Off-White With Streaks Floor Tile	2nd Floor - Stock Room	4.1% Chrysotile	~100 SF	Fair
Sears Store (2014 Survey By Watterson)	None	N/A	N/A	N/A	N/A



Space	Material (Sample #)	Location(s)	Level of Asbestos	Quantity	Condition
Sears Store (2004 Survey By Watterson)	Black Mastic Associated With 12" x 12" Off-White With Tan Streaks Floor Tile	1st Floor: Shoe Stock, Men's Escalators, Misses, Women's, Petites, Handbags & Hosiery, Shoes, Exit Stairwell 2nd Floor: Stock, Panel Rooms, Computer Room, Intimates, Girl's, Hub Office, Lamps, Photo, Vacuum, Optical, Electronics, Hearing Aids, Housewares, Boy's, Sleepwear	2% - 15% Chrysotile	~23,500 SF	N/A
Sears Store (2004 Survey By Watterson)	Pipe Insulation	Penthouse Mechanical Room (Generator Flue)	15% Chrysotile	~90 LF	N/A

Sears Auto Center:

Space	Material (Sample #)	Location(s)	Level of Asbestos	Quantity	Condition
Auto Center (Current Survey By TC)	Roofing Material (Bottom Layer) (# B04, B05, B06)	Throughout the Roof	1.25% - 5% Chrysotile	~8,400 SF	Good
Auto Center (2015 Survey By TC)	None	N/A	N/A	N/A	N/A
Auto Center (2004 Survey By Watterson)	Black Mastic Associated With 12" x 12" Off-White With Tan Streaks Floor Tile	Parts Stock Room	2% - 5% Chrysotile	~400 SF	N/A

The following suspect materials were not sampled as part of the scope of this project or because of inaccessibility, or could not be representatively sampled. Such materials should be assumed to contain asbestos until they are confirmed to have no detection of asbestos:

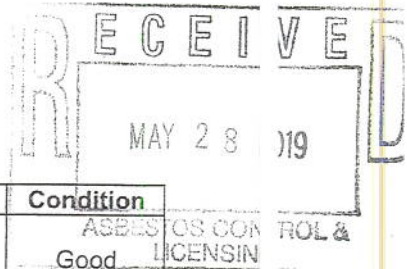
Inaccessible (Not Sampled) Materials

Sears Store:

Space	Material	Location(s)	Quantity	Condition
Sears Store (Current Survey By TC)	Mirror Mastic	T/O	N/A	Good

Sears Auto Center:

Space	Material	Location(s)	Quantity	Condition
Auto Center (Current Survey By TC)	Mirror Mastic	T/O	N/A	Good

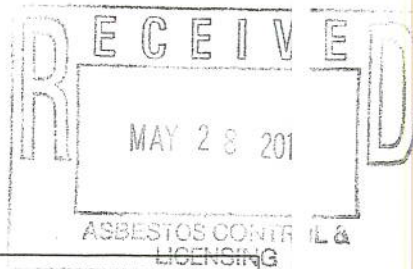


Suspect materials that were sampled and found to have no concentration of asbestos included:

Non-Asbestos Containing Materials

Sears Store:

Space	Materials
Sears Store (Current Survey By TC)	Roof Material (Top & Bottom Layers) Caulking Vibration Cloth
Sears Store (2015 Survey By TC)	12" x 12" Grey With Black Dots Floor Tile & Associated Yellow Mastic 12" x 12" Tan With Blue Dots Floor Tile & Associated Yellow Mastic 12" x 12" Grey Floor Tile & Associated Mastic 12" x 12" Tan With Brown Specks Floor Tile & Associated Mastic Carpet Mastic Mastic Associated With 12" x 12" Tan With Blue Dots Floor Tile Mastic Associated With 12" x 12" Brown Specks Floor Tile Exterior Expansion Joint
Sears Store (2014 Survey By Watterson)	4" x 4" Cream Ceramic Wall Tile & Associated White Grout 2" x 2" Grey/Tan/White Ceramic Floor Tile & Associated Grey Grout 2" x 2" Pink/White Ceramic Floor Tile & Associated Grey Grout 2" x 2" Tan Ceramic Floor Tile & Associated Grey Grout 2" x 2" White Ceramic Floor Tile & Associated Grey Grout
Sears Store (2004 Survey By Watterson)	2' x 4' Pinhole & Fissured Ceiling Tile Textured Plaster Drywall & Joint Compound Cove Base & Associated Mastic 12" x 12" Cream With Blue & White Speck Floor Tile & Associated Mastic 12" x 12" Off-White With Tan Streaks Floor Tile 12" x 12" Cream With Blue Specks Floor Tile & Associated Mastic 12" x 12" Grey Floor Tile & Associated Mastic 12" x 12" Blue Floor Tile & Associated Mastic 12" x 12" Grey With Blue & White Specks Floor Tile Fireproofing Fiberglass Pipe Insulation & Pipe Wrap Pipe Fitting Insulation Mag Block Mudded Insulation



Sears Auto:

Space	Materials
Auto Center (Current Survey By TC)	Roofing Material (Top Layer) Glue Under Red Carpet Ceramic Mortar Pipe Insulation
Auto Center (2015 Survey By TC)	12" x 12" Grey With Black Dots Floor Tile & Associated Mastic Exterior Expansion Joint Exterior Stucco
Auto Center (2004 Survey By Watterson)	2' x 4' Pinhole & Fissured Ceiling Tile Drywall & Joint Compound Cove Base & Associated Mastic 12" x 12" Grey Floor Tile & Associated Mastic 12" x 12" Off-White With Tan Streaks Floor Tile Fiberglass Pipe Insulation & Paper Wrap Mudded Insulation Spray-On Texture

Asbestos Management

Asbestos is a hazardous substance. Its condition, handling and disposal are regulated by federal, state and local agencies. If ACBM is disturbed or appears to have become damaged, the condition must be reported to the appropriate supervisor. All asbestos abatement work must be performed in accordance with governing agency regulations. If any construction, maintenance, or remodeling is conducted in an area of the facility where there is the potential for employees to come into contact with, or release or disturb, asbestos or asbestos-containing construction materials, a sign with the following language must be posted: "CAUTION ASBESTOS CANCER AND LUNG DISEASE HAZARD. DO NOT DISTURB WITHOUT PROPER TRAINING AND EQUIPMENT."

TC recommends that one staff member be assigned as an Operations and Maintenance (O&M) Program Manager, who will develop and manage the program. The person should receive appropriate training and be charged with coordinating periodic O&M inspections. These inspections should include surveying all asbestos-containing building products in the facility. Defects such as signs of increased wear, water damage, vandalism and impact damage should be noted and repaired immediately. Construction or remodeling which occurs in the buildings should be reviewed by the O&M managers in the planning stage to see if preparatory abatement work will be required. A complete record should be maintained of all findings (including this report), procedures, and actions. This record should also contain names of technical advisors, inspectors, consultants, and all staff time, material and costs associated with asbestos control and abatement. In the future, if cost recovery is sought from the manufacturers, suppliers, or contractors, or in the event of litigation, this information will be required.



2.0 REGULATIONS

This section provides a summary of the federal and state regulations that apply to asbestos and asbestos-related work. The summary is not intended to be comprehensive nor intended to define all regulatory requirements that may apply to the facility at the Deptford Mall - Sears Store and Sears Auto in Deptford, New Jersey or to persons who perform asbestos-related work in this facility.

2.1 U.S. Environmental Protection Agency

The U.S. Environmental Protection Agency (EPA) regulates environmental exposures to asbestos through two major pieces of legislation: the National Emission Standards for Hazardous Air Pollutants (NESHAP) under the Clean Air Act and the Asbestos Hazard Emergency Response Act (AHERA) under the Toxic Substances Control Act.

NESHAP, Part 61 of Title 40 of the Code of Federal Regulations (CFR), establishes standards by which asbestos-related work must be performed in order to prevent asbestos from being released into the environment. Some of the requirements include:

- Inspecting for asbestos before commencing a demolition or renovation project,
- Notifying the local NESHAP enforcement agency of all demolition work and asbestos abatement work,
- Training asbestos workers,
- Prohibiting visible emissions and requiring the use of wet methods, negative-pressure enclosures, labeling of waste, and proper handling methods from removal to disposal.

AHERA, Part 763 of 40 CFR, requires schools to inspect for asbestos, prepare management plans, to make notifications regarding the presence of asbestos, use air sampling to confirm proper asbestos removal, and use accredited personnel to perform asbestos-related activities. These requirements have been extended to include asbestos work performed in all public and private sector buildings.

2.2 Occupational Safety and Health

The Occupational Safety and Health Administration (OSHA), regulates occupational exposures to asbestos through the General Industry and Construction Industry asbestos standards (29 CFR 1910.134). These standards are designed to protect workers from asbestos exposure through a series of requirements based on exposures above the permissible exposure limit (PEL). These requirements include:

- Assuming that certain building materials contain asbestos and that buildings constructed prior to 1980 contain ACM.

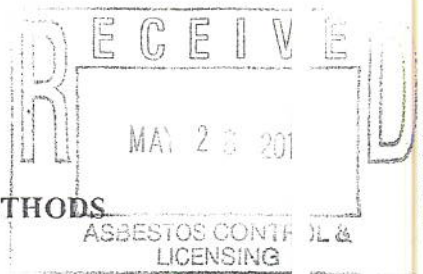


- Implementing medical surveillance, respiratory protection, and training programs that include medical examinations, provision of respiratory and Personal Protective Equipment (PPE), and training of workers and supervisors for certain classes of work.
- Training persons who may be exposed to asbestos during their work.
- Using specific types of respirators dependent on the asbestos concentrations being generated.
- For asbestos related work activities work practices and equipment such as negative-pressure enclosures, wet methods, air filtration equipment, decontamination units, warning signs and labels, and waste containers.
- Collecting and analyzing air samples to evaluate potential worker exposures.
- Mandating contractor registration with and notification of asbestos work to the local OSHA enforcement agency.
- Notifying occupants for projects covered by the standard.

2.3 Other Regulatory Agency Inspections of Contractor Work Areas

A. This includes but is not limited to the following agencies:

1. Environmental Protection Agency (EPA)



3.0 SAMPLING, LABORATORY PROCEDURES & METHODS

3.1 Laboratory Procedures and Analysis

Bulk samples were analyzed by PLM using EPA Method 600/R-93/116, July 1993, in accordance with 40 CFR 763, Subpart F, Appendix A (AHERA), by Metro Analytical Laboratories located at 255 West 36th Street, Suite 203, New York, New York. Metro Analytical Laboratories holds an NY ELAP Accreditation ID # 12003. Bulk samples of suspected ACCM were examined under a stereomicroscope to identify suspect fibers. A polarized light microscope equipped with a dispersion staining objective lens was used to determine which of the suspect fibers are asbestos. The various asbestos minerals were identified on the basis of their unique optical characteristics. Reported asbestos percentages were based on visual volume estimates.

Bulk sample analysis is conducted using the procedures issued by the New Jersey State Department of Health Environmental Laboratory Approval Program (ELAP) as Item 198.1 and 198.4 in the ELAP Certification Manual, and the general guidelines of EPA Method 600/R-93-116, July 1993.

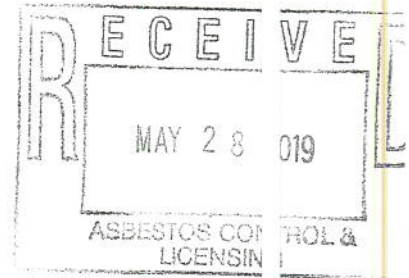
The procedures require that samples of friable building materials are analyzed by polarized-light microscopy (PLM) with dispersion staining (DS) and the amount of asbestos is quantified using the stratified point-counting method specified in Item 198.1.

In addition, samples of non-friable organically bound (NOB) bulk materials are analyzed using the method described in Item 198.4. According to this method, NOBs are prepared for analysis using gravimetric matrix reduction techniques (ashing and /or acid dissolution) and analyzed using transmission electron microscopy (TEM) with electron diffraction and energy dispersive x-ray analysis. According to THE State of New Jersey regulations, the TEM method is the only method that can be used to report true negative results from NOB samples.

3.2 Survey, Sampling Procedures and Methods

3.2. a Inspection Procedures - General

The tenant spaces were surveyed for the presence of suspect ACCM that may contain more than one tenth of one percent asbestos. The suspect materials identified were described and categorized into homogeneous areas. Homogeneous areas consist of suspect materials that are identical in color, appearance, pattern, texture and date of installation. For the purposes of this survey, identified homogenous areas were confined to the individual tenant space. Samples were collected according to OSHA (29 CFR 1926.1011) dated August 10, 1994 (Revised September 12, 1995).



4.0 LIMITATIONS

This survey was planned and implemented on the basis of a mutually agreed scope of work. The survey was conducted in conformance with generally accepted current standards for identifying and evaluating asbestos in construction materials. TC uses only qualified professionals to perform building surveys; reasonable effort was made to survey accessible suspect materials. Additional suspect but un-sampled materials could be located between walls, in voids, or in other inaccessible areas; caution should be exercised regarding these areas. TC cannot warrant that these buildings do not contain ACM in locations other than those noted in this report.

TC's assessment of the risk of exposure to airborne asbestos fibers followed generally accepted protocols and is based on conditions at the time of the survey. TC is not responsible for changes in conditions or accepted protocols subsequent to our site visit.

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

CK18896

PAID

Check 18896

Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) HD Summerhill LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 28 2019 ASBESTOS CONTROL LICENSING </div>
Agencies Notified	Type Notification	Street Address 350 Main Road, Suite 201		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montville NJ 07045		
		Name of Contact James Pancetti		
Telephone Number 732 770 3062				

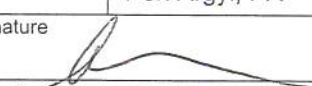
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
Street Address 377 Summerhill Road		Square Feet 25,000	# of Floors 1
City (5) East Brunswick		Bldg. Age 59	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) building	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 5/31/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

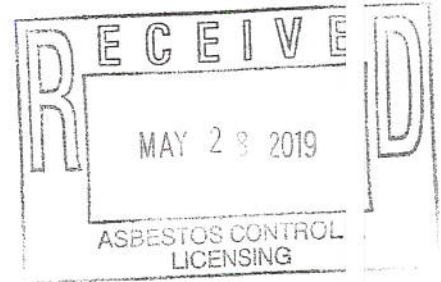
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by A. Scott Higgins		Title President	Signature 	Date 5/22/19	

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

377 Summerhill Road
East Brunswick, NJ

ASBESTOS REMOVAL



<u>LOCATION</u>	<u>ASBESTOS MATERIAL</u>	<u>AMOUNT</u>
West Lunch Room	1x1 floor tile & mastic	1,900 SF
North Transfer Switch Room	1x1 floor tile & mastic	450 SF
Electric Room North	1x1 floor tile & mastic	200 SF
East, West, North Roofs	parapet tar	2,000 SF
Roof Enclosure	duct tar	100 SF
Main Building	door caulk	300 LF
North Building	window caulk	400 LF

ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

PAID

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

check 18897

Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) John Holt						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Basking Ridge NJ Name of Contact John Holt						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 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) Basking Ridge		Square Feet 2000	# of Floors 2					
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 63					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		ABS Environmental Services, LLC						
City, State, Zip Code		Street Address						
Project Manager for Monitoring Firm		PO Box 483, 4 E Gate Drive						
Telephone No.		City, State, Zip Code						
Start Date (10) 6/1/19		Glenwood, NJ 07418						
Scheduled Completion Date (11) 6/8/19		Telephone No. 973-764-2276	License No. 703					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
<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						
Scope of Work (Check All That Apply)		City, State, Zip Code						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
basement			x	cement ducts	40 LF			x
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State				
Completed by A. Scott Higgins		Title President	Signature			Date 5/22/19		

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

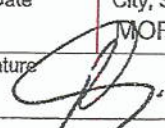
RECEIVED	MAY 28 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/20/2019		Name of Building Owner/Operator (2) Dept of Public Works							
Agencies Notified	Type Notification	Street Address 1086 East Walnut Road							
<input checked="" 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 Vineland, NJ 08360							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dept of Public Works Vineland		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 1086 East Walnut Road		Square Feet 8000	# of Floors 1						
City (5) Vineland		Bldg. Age 40+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies						
Street Address 515 Grove St Ste. 1B		Street Address 203 Pine St							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Mount Holly, NJ 08060							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875	Telephone No. 609-702-1500						
License No.									
Start Date (10) 6/4/2019	Scheduled Completion Date (11) 6/7/2019	Name of OSHA Monitor Pennoni							
Occupancy Status During Abatement (Check Only One)		Street Address 515 Grove St							
<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 Haddon Heights, NJ 08035							
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 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	Encapsulation	
Maintenance Garage			x	Pipe Insulation	200 lf	x			
Exterior windows			x	Window Caulk	540'	x			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste >85	Name of Registered Landfill Grows North					
City, State Hainesport, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Shannon Bach		Title Disposal Coordinator	Signature [Signature]			Date 5/20/19			

CK#
016050

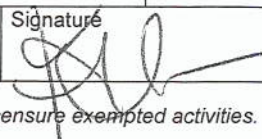
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAY 28 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/6/2019		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD NJ							
		Name of Contact ANDREW MCCLOSKEY	Telephone Number 856-812-8045						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG LINDEN		Type of Facility (4)							
Street Address 4001 SOUTH WOOD 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) LINDEN NJ		Square Feet N/A	# of Floors N/A						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCHING STATION							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES						
Street Address N/A		Street Address 17 OLD DOCK RD							
City, State, Zip Code N/A		City, State, Zip Code YAPHANK NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. 631-924-8111	License No. 01136						
Start Date (10) 5/28/19	Scheduled Completion Date (11) 6/20/2019	Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES							
Occupancy Status During Abatement (Check Only One)		Street Address 17 OLD DOCK RD							
<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 YAPHANK NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Enclosure	
SWITCHING STATION YARD			X	DUCT BANK	150LFT	X			
Name of Registered Waste Hauler WASTE MANAGEMENT OF NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS- FAIRLESS LANDFILL					
City, State NEWARK NJ		Disposal Date TBD		City, State MORRISVILLE, PA 19067					
Completed by PEDRO GUERRA		Title SUPERVISOR		Signature 		Date 5/6/2019			

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

RECEIVED	MAY 28 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <div style="text-align: center;">5 / 24 / 19</div>		Name of Building Owner/Operator (2) Trustees of Newark Academy / Job #1904-2430 Chk. #5376					
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 91 South Orange Avenue City, State, Zip Code Livingston, NJ 07039 Name of Contact Brian Stephenson Telephone Number 201-247-1617					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Newark Academy		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 91 South Orange Avenue		Square Feet 250,000					
City (5) Livingston		# of Floors 2					
County (6) Essex		Bldg. Ag 1965					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No.					
Street Address 20-21 Wagaraw Road, Bld. 35 E		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 3859 Sylon Boulevard					
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Hainesport, NJ 08036					
Telephone No. 973-633-9145		Telephone No. 609-702-0400					
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.					
Start Date (10) <div style="text-align: center;">6 / 10 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 18 / 19</div>					
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 U.S. Route 130 North					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2200 SF	Abatement		Type
	Yes	No			N/A	Removal	
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	<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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 6/19/19		City, State Penn Argyle, PA			
Completed By (Print or Type) Kim Trumbetti		Title Ops Coordinator		Signature 		Date 5-24-19	

CK# 1206

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

RECEIVED	MAY 28 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/24/2019		Name of Building Owner/Operator (2) Mark Amilo					
Agencies Notified	Type Notification	Street Address [REDACTED]					
<input 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 Paterson, NJ 07502					
		Name of Contact Mark	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet	# of Floors				
City (5) Paterson		Bldg. Address					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC				
Street Address		Street Address 8 Crosby Ave					
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711				
			License No. 01332				
Start Date (10) 06/02/2019	Scheduled Completion Date (11) 06/05/2019	Name of OSHA Monitor Same as (9)					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	
Basement			x	Pipe insulation	130 LF	x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless			
City, State Paterson, NJ		Disposal Date TBD	City, State Morrisville, PA				
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>		Date 05/24/2019		

B & G proj. #: 2019-129

PAID

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

Check # 9326

Date of Notification (1) 05/24/19		Name of Building Owner/Operator (2) John Cummins		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin-top: 10px;">MAY 28 2019</div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Rockaway Boro, NJ 07866		
		Name of Contact John Cummins		
Telephone Number [REDACTED]				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) John Cummins			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) Rockaway Boro, NJ	County (6) Morris	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished) residential	
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) 06/07/2019			License Number 00378	
Sched. Completion Date (11) 06/08/2019			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)								
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment w/negative pressure				
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure				
<input type="checkbox"/> Glovebag procedure		<input type="checkbox"/> Non-friable procedure						
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Encap	Encl
	Yes	No	N/A					
basement boiler room			<input checked="" type="checkbox"/>	Boiler insulation	28 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"/>
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 06/08/2019		City, State Pen Argyl, PA				
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 05/24/2019	

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

B & G proj. #: 2019-120

Check # 9323

Date of Notification (1) 05/24/19		Name of Building Owner/Operator (2) Sheryl Peters		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="margin-top: 5px;">MAY 28 2019</div> <div style="margin-top: 5px; font-size: 0.8em;">ASBESTOS CONSULTING & TESTING</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 Madison, NJ 07940		
		Name of Contact Sheryl Peters		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sheryl Peters			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) Madison, NJ 07940	County (6) Morris	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) 06/07/2019	Sched. Completion Date (11) 06/08/2019		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)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input 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	Encap	Encl
	Yes	No	N/A					
basement			X	pipe insulation	66 lf	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/08/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/24/2019

B & G proj. #: 2019-123

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

Check # 9322

Date of Notification (1) 05/24/19		Name of Building Owner/Operator (2) Samantha Stuckert		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin-top: 10px;">MAY 28 2019</div> <div style="margin-top: 10px;">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 Montclair, NJ 07042		
		Name of Contact Samantha Stuckert		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Samantha Stuckert			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
			License Number 00378		
Scheduled Start Date (10) 06/06/2019		Sched. Completion Date (11) 06/07/2019			
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: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input 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	Encap	Encl
	Yes	No	N/A					
basement laundry room			X	pipe insulation	20 lf	X		
basement furnace room			X	pipe insulation	60 lf	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/08/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/24/2019

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

B & G proj. #: 2019-128

Check # 9321

Date of Notification (1) 05/24/19		Name of Building Owner/Operator (2) Susan Sturgis Coyne		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px;">MAY 28 2019</div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Wayne, NJ 07470		
		Name of Contact Susan Sturgis Coyne		
				Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Susan Sturgis Coyne			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Wayne, NJ 07470	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/04/2019		Sched. Completion Date (11) 06/05/2019		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)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input 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						
garage			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" 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 06/05/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/24/2019

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

chk # 3514

Date of Notification (1) 5 / 24 / 19		Name of Building Owner/Operator (2) Rancocas Valley Regional HS District		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 28 2019 </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 520 Jacksonville Road					
		City, State, Zip Code Mount Holly, NJ 08060				Name of Contact Mrs Lisa Giovanelli					
				Telephone Number 609-267-0830							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional 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 520 Jacksonville Road				Square Feet 80000							
City (5) Mt. Holly				# of Floors 2							
County (6) Burlington				Bldg. Age 85							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) Horizon Group		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address PO Box 316				Street Address 1123 BEAVER STREET							
City, State, Zip Code Thorofare, NJ 08086				City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Flanagan		Telephone No. 856-848-0800		License No. 00509							
Start Date (10) 6 / 24 / 19		Scheduled Completion Date (11) 7 / 12 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement type			
								Removal	Repair	Encapsulate	Enclosure
Conference Room, Work Room, Reception, Principals Office		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Plaster		3,600 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Corridor and Existing Entry Vestibule		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office space		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Insulation		25 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Work Room, Asst princ and Office space		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		VAT & Mastic		1,500 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 65 Cu Yd		Name of Registered Landfill Minerva Landfill					
City, State Yardley, PA				Disposal Date 7/12/19		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 5-24-19					

ASB-41
MAY 11 **GI19067**

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

CH1673

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

R	RECEIVED
	MAY 28 2019
ASBESTOS CONTAMINATION & LICENSING	

Date of Notification (1) <u>05</u> / <u>23</u> / <u>19</u>		Name of Building Owner/Operator (2) Jeffrey Rosenblum	
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 Livingston, NJ 07039	
		Name of Contact Jeffrey Rosenblum	Telephone Number _____

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

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane		
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188
Start Date (10) <u>06</u> / <u>01</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>28</u> / <u>19</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	


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 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Door Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 IF	<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 Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	

Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 5/23/19
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RECEIVED Form
MAY 28 2011
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/23/19		Name of Building Owner/Operator (2) Mary Caruso		MAY 28 2019				
Agencies Notified		Type Notification		Street Address				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Woodland Park, NJ 07424 Name of Contact Michael Caruso				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4)				
Street Address <div style="background-color: black; width: 100px; height: 1.2em;"></div>				<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) Woodland Park		Square Feet 1900		# of Floors 2	Bldg. Age 65 +/-			
County (6) Passaic		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) 6/5/19		Scheduled Completion Date (11) 6/9/19		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
Basement		x		VAT	442 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 5/23/19		

CH11316

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

R	RECEIVED
	MAY 28 2019
Check #11316	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5 / 15 / 18		Name of Building Owner/Operator (2) Cresskill School District/ Job #1810-5402	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 1 Lincoln Drive	
		City, State, Zip Code Cresskill, NJ	
		Name of Contact Frank Bennett	Telephone Number 973-472-1578

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bryan ES		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 1 Lincoln Drive		Square Feet	# of Floors
City (5) Cresskill, NJ		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address P Box 645		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Shillington, PA 19607		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mike Krisher	Telephone No. 610-856-7700	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 6 / 24 / 19	Scheduled Completion Date (11) 7 / 5 / 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	

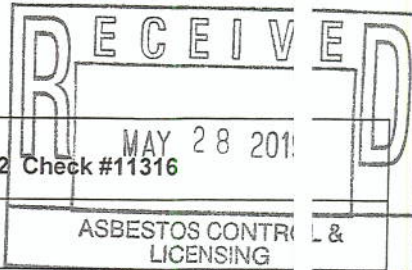
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Expanded Kindergarten Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Floor tile & Mastic	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor tile & Mastic	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"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 7/5/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5-15-19

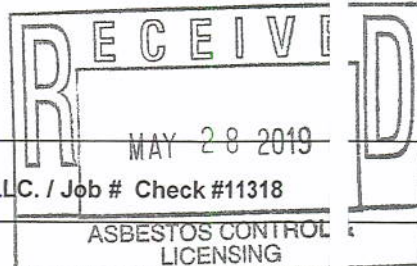
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">5 / 20 / 19</div>		Name of Building Owner/Operator (2) Cresskill School District/ Job #1810-5402		Check #11316				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Lincoln Drive City, State, Zip Code Cresskill, NJ Name of Contact Frank Bennett Telephone Number 973-472-1578				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bryan ES				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 51 Brookside Avenue				Square Feet				
City (5) Cresskill, NJ				# of Floors				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 1248 Wrights Lane		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Matt		Telephone No. 610-996-3515		License No. 00529				
Start Date (10) 6 / 24 / 19		Scheduled Completion Date (11) 7 / 5 / 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 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
Expanded Kindergarten Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Floor tile & Mastic	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor tile & Mastic	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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill		
City, State Lumberton, NJ				Disposal Date 7/5/19		City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-20-19		

CH11318

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

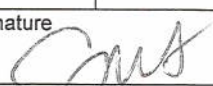


Date of Notification (1) 5 / 21 / 19		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC / Job # Check #11318						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 99 Farber Road City, State, Zip Code Princeton, NJ 08540 Name of Contact Winston Hibberd Telephone Number 610-517-2423						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pie Line Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address 192 Southern Blvd. @ The Southern Blvd. ES.		Square Feet # of Floors Bldg. Age						
City (5) Chatham Township, NJ 07928		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Utility						
County (6) Morris		Name of Abatement Contractor (9) AbateTech, Inc.						
Name of Monitoring Firm Hired by Building Owner (8) NA		Street Address 30 Maple Ave. PO Box 25						
Street Address		City, State, Zip Code Lumberton, NJ 08048						
City, State, Zip Code		Telephone No. License No. 609-265-2107 00529						
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor EMSL Analytical						
Start Date (10) 5 / 23 / 19		Scheduled Completion Date (11) 5 / 23 / 19						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Tar Coating	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 5/23/19		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-21-19		

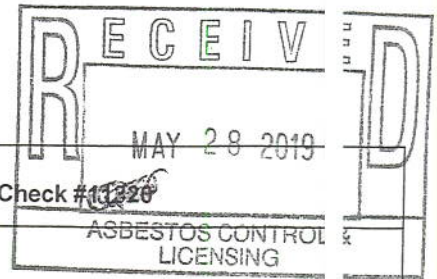
CH 11319

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:46)

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MAY 28 2019
ASBESTOS CONTROL & LICENSING

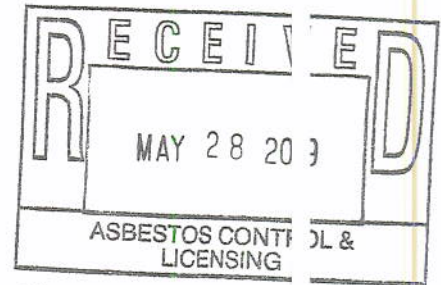
Date of Notification (1) 5 / 22 / 19		Name of Building Owner/Operator (2) Verizon Communications / Job #1905-5485 Check #11319							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (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 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Carol Soukup	Telephone Number 609-314-0030						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bergen CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 71 Madison Avenue		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 3 / 19	Scheduled Completion Date (11) 6 / 4 / 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/5PM-1:30AM		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	Repair	Encapsulate	
5th Floor AC Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/4/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 5-22-19		

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



Date of Notification (1) 5 / 23 / 19			Name of Building Owner/Operator (2) PSE&G / Job # 1812-5426 Check # 41320						
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 # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact John Cifelli					
				Telephone Number 732-547-6230					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Paterson Garage				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 14 Broadway				Square Feet					
City (5) Paterson, NJ				# of Floors					
County (6) Passaic				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.						
Street Address PO Box 365			Name of Abatement Contractor (9) AbateTech, Inc.						
City, State, Zip Code Berlin, NJ 08009			Street Address 30 Maple Ave. PO Box 25						
Project Manager for Monitoring Firm Jim Proctor			Telephone No. 609-704-8850		Telephone No. 609-265-2107				
Start Date (10) 1 / 28 / 19			Scheduled Completion Date (11) 5 / 31 / 19		License No. 00529				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Name of OSHA Monitor EMSL Analytical 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) <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	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Caulk	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Window Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar & Paper Roof Layers	2,000 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"/>	Vapor barrier under roof layers	2,000 SF	<input checked="" 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 5/31/19		City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-23-19			

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>
Garage	NO	Pipe insulation (wrap & cut)	67 LF	Removal

CH11321

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

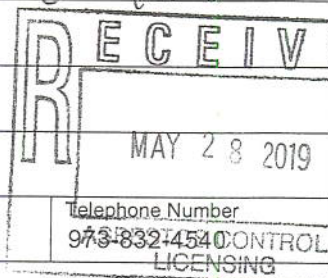
RECEIVED MAY 28 2019 ASBESTOS CONTROL LICENSING

Date of Notification (1) 5 / 23 / 19		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC / Job # Check #11321							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 99 Farber Road							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Winston Hibberd	Telephone Number 610-517-2423						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pie Line Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 192 Southern Blvd. @ The Southern Blvd. ES.		Square Feet	# of Floors						
City (5) Chatham Township, NJ 07928		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility							
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) 5 / 23 / 19	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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Tar Coating	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S. 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 		Date 5-23-19			

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

Check 18900

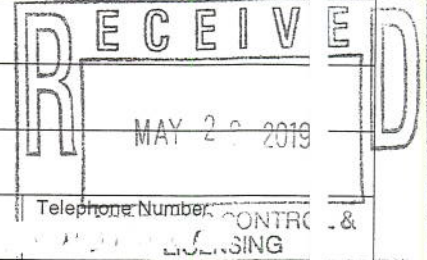


Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) Paul Davis Restoration							
Agencies Notified	Type Notification	Street Address 1 Frassetto Way							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park NJ							
		Name of Contact Janice Peters	Telephone Number 973-332-4540						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Montclair		Bldg. Age 73							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No. 703						
Start Date (10) 6/6/19	Scheduled Completion Date (11) 6/17/19	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: <u>basement & laundry room</u>		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 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	Encapsulate	
basement			X	floor tile	60 SF	X			
laundry room			X	transite wall material	100 SF	X			
			X	pipe insulation	40 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/22/19			

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

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Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) Ari Hernandez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford NJ 070770							
		Name of Contact Air Hernandez	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1600	# of Floors 2						
City (5) West New York		Bldg. Age 70							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/3/19	Scheduled Completion Date (11) 6/10/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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	pipe insulation	110 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/22/19			

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

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Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) Herb Eisner		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 28 2019 </div>				
Agencies Notified		Type Notification				Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 Roselle Park, NJ 07204		
						Name of Contact Herb Eisner		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)				
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Roselle Park				Square Feet 1900	# of Floors 2			
County (6) Union				County Code (7) (STATE USE ONLY)	Bldg. Age 75			
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)				
Street Address				ABS Environmental Services, LLC				
City, State, Zip Code				Street Address				
Project Manager for Monitoring Firm				PO Box 483, 4 E Gate Drive				
Telephone No.				City, State, Zip Code				
Start Date (10) 6/5/19				Glenwood, NJ 07418				
Scheduled Completion Date (11) 6/13/19				Telephone No. 973-764-2276	License No. 703			
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>				Street Address				
Scope of Work (Check All That Apply)				City, State, Zip Code				
<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 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		
						Removal	Repair	Encapsulate
basement		Yes	No	N/A	50 SF	x		
					50 LF	x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Tony's Cleanup & Hauling		17787		TBD	Chrin Brothers Sanitary Landfill			
City, State		Disposal Date		City, State				
Bridgewater NJ		TBD		Easton, PA				
Completed by		Title		Signature		Date		
A. Scott Higgins		President				5/22/19		