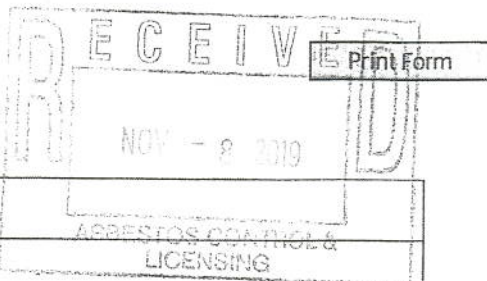


NOCK

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

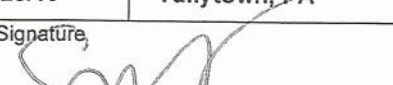


Date of Notification (1) 11/04/2019		Name of Building Owner/Operator (2) Michael Fleres						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960						
		Name of Contact Michael Fleres	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) Morristown, NJ		Square Feet 1904	# of Floors 2					
County (6) Morris County		County Code (7) (STATE USE ONLY) _____	Bldg. Age 119					
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC		ASCM No. _____	Name of Abatement Contractor (9) VEL Contruction, LLC					
Street Address P.O Box 483		Street Address 230 Market Street						
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-583-8500	Telephone No. 201-747-6313					
Start Date (10) 11/06/2019		Scheduled Completion Date (11) 11/22/2019	License No. 01377					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EMSL Analytical						
		Street Address 307 W 38th St #9						
		City, State, Zip Code New York, NY 10018						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
First, Second and Third Floor		X		Removal of Plaster	Appr. 4000 sf	X		
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City, State Wayne, NJ		Disposal Date 11/22/2019		City, State Morrisville, PA				
Completed by Krstje Veljanoski		Title Owner	Signature <i>Krstje Veljanoski</i>		Date 11/04/2019			

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

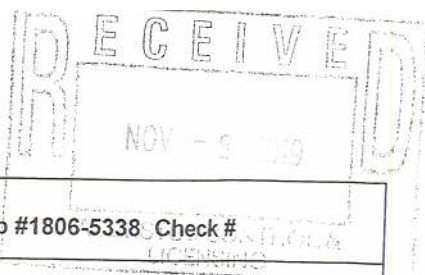
NOCK

RECEIVED  
NOV - 8 - 19

Date of Notification (1) <div style="text-align: center;">10 / 31 / 19</div>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1901-5435 - Check #</b>							
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 # <b>7</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>Keith Slansky</b>							
		Telephone Number <b>973-955-7602</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ DOT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Route 71 &amp; Asbury Ave MM564.13 to Rt. 71 &amp; Deal Lake Rd. MM595.39</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Neptune, NJ</b>		County Code (7)(STATE USE ONLY)							
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>3 Terri Lane</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-571-7522</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">3 / 25 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 29 / 19</div>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>EMSL Analytical</b>							
		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Conduit	90 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>10-31-19</b>			



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

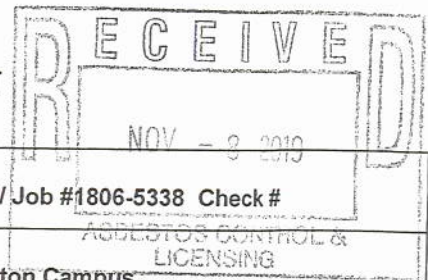


**NOCK**

Date of Notification (1) 10 / 31 / 19			Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1806-5338 Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address REHS, 27 Road 1, Bldg. 4086 Livingston Campus					
				City, State, Zip Code Piscataway, NJ 08854					
			Name of Contact Michael F. Smith		Telephone Number 848-445-2550				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155				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 27 Road #1									
City (5) Piscataway, NJ 08854				Square Feet	# of Floors 4				
				Bldg. Age 60+					
County (6) Middlesex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Academic					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-265-2107		License No. 00529				
Start Date (10) 7 / 25 / 18		Scheduled Completion Date (11) 11 / 29 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 11/29/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 10-31-19			



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



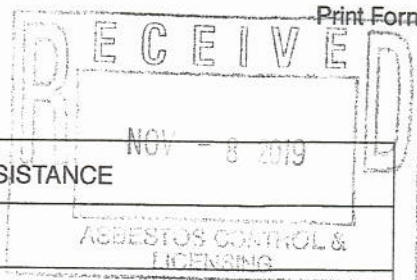
**NOCK**

Date of Notification (1) <b>10 / 30 / 19</b>		Name of Building Owner/Operator (2) <b>Rutgers, The State University of NJ / Job #1806-5338 Check #</b>							
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 # <b>12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>REHS, 27 Road 1, Bldg. 4086 Livingston Campus</b>							
		City, State, Zip Code <b>Piscataway, NJ 08854</b>							
		Name of Contact <b>Michael F. Smith</b>	Telephone Number <b>848-445-2550</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rutgers- Livingston Campus- Bldgs. 4086, 4087 &amp; 4155</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>27 Road #1</b>									
City (5) <b>Piscataway, NJ 08854</b>		Square Feet	# of Floors <b>4</b>						
		Bldg. Age <b>60+</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Academic</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>00529</b>						
Start Date (10) <b>7 / 25 / 18</b>	Scheduled Completion Date (11) <b>11 / 1 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: <b>AM- PM/ PM- AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>See Attached</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>See Attached</b>	<b>See Attached</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/1/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>		Signature 			Date <b>10-30-19</b>			



PAID

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

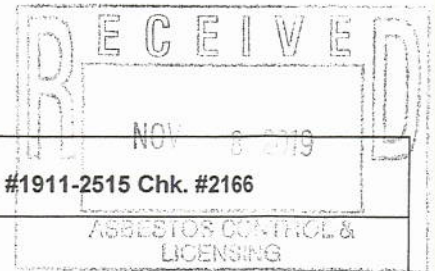


Date of Notification (1) 11/04/2019		Name of Building Owner/Operator (2) P.A.C.O DEP WEATHERIZATION ASSISTANCE							
Agencies Notified	Type Notification	Street Address 346 Central Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ, 07307							
		Name of Contact John Medina	Telephone Number 201-217-0583 EXT 5072						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) West New York		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) PRIVATE HOUSE						
Street Address		Street Address EHW ABATEMENT LLC							
City, State, Zip Code		City, State, Zip Code 89 FRANKLIN STREET							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 11/13/2019	Scheduled Completion Date (11) 11/14/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	60 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ			Disposal Date TBD	City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 11/04/2019			



Inv# 15874  
 CK2166  
 PAID

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



Date of Notification (1) <b>11 / 6 / 19</b>		Name of Building Owner/Operator (2) <b>Medford Leas</b> <b>/ Job #1911-2515 Chk. #2166</b>							
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 <b>One Medford Leas Way</b>							
		City, State, Zip Code <b>Medford, NJ 08055</b>							
		Name of Contact <b>Steve Mirarchi</b>	Telephone Number <b>215-539-9124</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Medford Leas</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1 Medford Leas Road</b>		Square Feet	# of Floors						
City (5) <b>Medford</b>		Bldg. Age							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Senior Housing/Residential Living</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>400 Street Road</b>		Street Address <b>PO Box 1239</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Delran, NJ 08075</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>	Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>						
Start Date (10) <b>11 / 15 / 19</b>	Scheduled Completion Date (11) <b>11 / 21 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
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 <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <b>Enclosure</b> <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Whole Component <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Two Trench Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Drain Pipe	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Trench Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings with Asb. Insulation	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suspended Ceiling Tile	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/21/19</b>	City, State <b>Morrisville, PA 19067</b>						
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>	Signature 				Date <b>11/6/19</b>		



Page 1 of 3  
NOCK

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

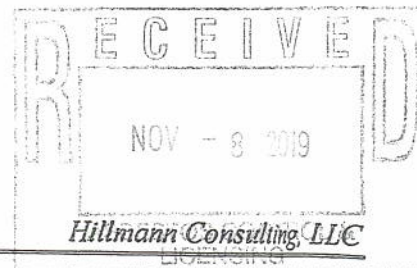
Take off hold  
11/6/19

RECEIVED  
NOV - 8 2019  
908-233-9147 CONTROL & LICENSING

Date of Notification (1) 8 / 22 / 19		Name of Building Owner/Operator (2) Echo Lake Country Club / Job #1908-2479 Chk. #NA							
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 515 Springfield Avenue City, State, Zip Code Westfield, NJ 07090 Name of Contact John Leshner Telephone Number 908-233-9147							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Echo Lake Country Club		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 515 Springfield Avenue									
City (5) Westfield		Square Feet 20000	# of Floors 2						
County (6) Union		Bldg. Age 1913							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.							
Street Address 1600 Rte 22 East		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Bordentown, NJ 08505		Street Address PO Box 1239							
Project Manager for Monitoring Firm Mark Perlmutter		Telephone No. 908-688-7800	City, State, Zip Code Delran, NJ 08075						
Start Date (10) 9 / 3 / 19		Scheduled Completion Date (11) 12 / 8 / 19	Telephone No. 609-702-0400						
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		License No. 00862							
Name of OSHA Monitor EMSL Analytical, Inc.									
Street Address 200 U.S. 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 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	Enclosure
Phase 2A - Starts 10/31/19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile (additional scope)	730 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 - Starts 10/15/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 - Windows 9/3/19 (DONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph 1A - cleanup debris from discarded pipe 9/18/19 (DONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	12 LF	<input checked="" 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 12/8/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 			Date 11-5-19		



Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

**BASE BID 1: Asbestos Abatement**

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
<b>LOWER LEVEL/ BASEMENT</b>				
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		\$
Locker Area "B" and Hall by Bath and Attendee Station, and N/West part of Locker Area "C", and entire Locker Area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
<b>MAIN LEVEL</b>				
Reception, South Wall	Window Glaze	30 LF		\$
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		\$

Has 1 →  
(done)

Name of Contractor: AMS

Signature: [Signature]

Printed Name: Jim Mullarney

Date: 11-19-19



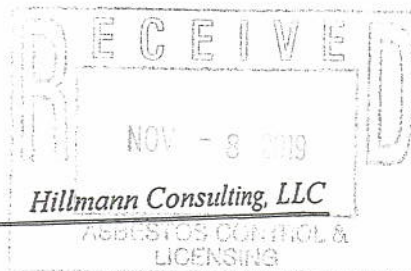
Page 1 of 3  
CK 2129

Inv# 15637

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

take off hold 9  
add scope 10-31-19

Date of Notification (1) 8 / 22 / 19		Name of Building Owner/Operator (2) Echo Lake Country Club		Job #1908-2479 Chk. #2129	
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 #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 515 Springfield Avenue City, State, Zip Code Westfield, NJ 07090 Name of Contact John Lesher	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Echo Lake Country Club				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 515 Springfield Avenue				Square Feet 20000	# of Floors 2
City (5) Westfield				Bldg. Age 1913	
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 1600 Rte 22 East		City, State, Zip Code Bordentown, NJ 08505		Street Address PO Box 1239 City, State, Zip Code Delran, NJ 08075	
Project Manager for Monitoring Firm Mark Perlmutter		Telephone No. 908-688-7800		Telephone No. 609-702-0400	
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.			
Start Date (10) 9 / 3 / 19		Scheduled Completion Date (11) 11 / 8 / 19		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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					
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)	
Phase 2A - Starts 10/31/19		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Floor tile (additional scope) 730 SF	
Phase 2 - Starts 10/15/19		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Phase 1 - Windows 9/3/19 (DONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Ph 1A - cleanup debris from discarded pipe 9/18/19 (DONE)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		pipe insulation 12 LF	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 11/8/19		Name of Registered Landfill Grand Central City, State Penn Argyle, PA	
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature Date 10-30-19	



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

**BASE BID 1: Asbestos Abatement**

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
<b>LOWER LEVEL/ BASEMENT</b>				
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$ _____
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$ _____
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		\$ _____
Locker Area "B" and Hall by Bath and Attendee Station, and N/West part of Locker Area "C", and entire Locker Area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$ _____
<b>MAIN LEVEL</b>				
Reception, South Wall	Window Glaze	30 LF		\$ _____
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		\$ _____

Has 1 →  
(done)

Name of Contractor: AMS

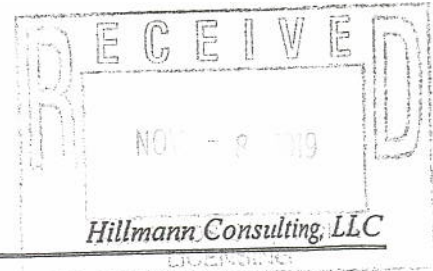
Signature: [Signature]

Printed Name: James Mullarkey

Date: 11-19-19



Page 3 of 3



UPPER LEVEL				
2 <sup>nd</sup> Floor Women's Locker Room	Gold Mastic and Carpet* and Tar Paper* on Plywood (Tar Paper is only in Hall by West Side Exit to Stairs)	900 SF		\$ _____
2 <sup>nd</sup> Floor Women's Lounge	Mastic and Carpet* on top of Floor Tile 9"x9", Gray and Black in pattern and associated Mastic on Wood Substrate.	500 SF		\$ _____
ROOFS				
Roof North and Northeast Side: Sloped and Flat Roof (Except part of the Roof above the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		_____
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		_____
Roof North Side Ducts by HVAC Units	Duct Seal (Tar)	160 SF		_____
Electric Panel Connect/Disconnect Cost:				_____
Project Filing Fees:				_____
Base Bid 1 Total Cost:				_____

Name of Contractor: AMS Signature: [Signature]

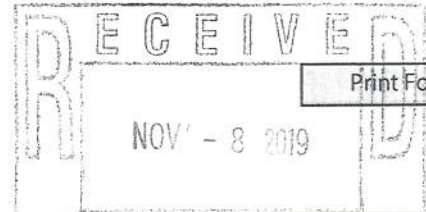
Printed Name: James Mullarney Date: 10-21-19



Inv# 15871

CK2400161 PAID

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



Print Form

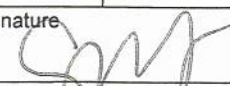
Date of Notification (1) 10-28-2019		Name of Building Owner/Operator (2) Exelon - Atlantic Electric Co		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 157 Williamstown Rd City, State, Zip Code Berlin, NJ 08009 Name of Contact JEFF BELFUS Telephone Number 856-433-6000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Exelon - Atlantic Electric			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 157 Williamstown Rd			Square Feet		
City (5) Berlin, NJ 08009			# of Floors		
County (6) Camden			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.		Name of Abatement Contractor (9) Advanced Specialty Cont	
Street Address 28 N. Pennel Rd		Street Address 215 Bridgewater Rd		City, State, Zip Code Aston, PA 19014	
City, State, Zip Code Lima, PA 19028		City, State, Zip Code		License No.	
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114		Telephone No. 610-497-0440	
Start Date (10) 11-14-19		Scheduled Completion Date (11) 12-6-19		Name of OSHA Monitor AET, INC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			Street Address 28 N. Pennel Rd City, State, Zip Code Lima, PA 19028		
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)	
TRANSite Shed		X		TRANSite PANEL 1800' X	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	
City, State 57 Pyles Lane Newcastle		Disposal Date		Name of Registered Landfill Minerva Landfill	
Completed by Robert Capaldi		Title Sr. Act. Mgr.		Signature [Signature]	
				Date 10.28.19	



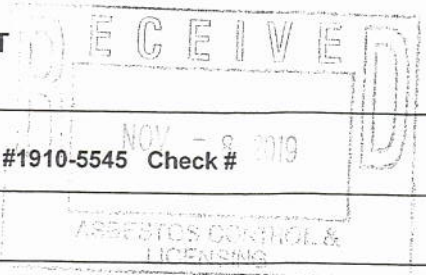
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**RECEIVED**  
NOV - 8 2019  
ASBESTOS CONTROL & LICENSING

*NOCK*

Date of Notification (1) <b>10 / 31 / 19</b>			Name of Building Owner/Operator (2) <b>State of New Jersey DPMC / Job #1906-5506 Check #11727</b>						
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>PO Box 034</b>					
		City, State, Zip Code <b>Trenton, NJ 08625</b>		Name of Contact <b>Administration</b>					
				Telephone Number <b>609-929-6748</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Woodbine Development Center</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>1175 DeHirsch Avenue</b>				Square Feet					
City (5) <b>Woodbine</b>				# of Floors					
				Bldg. Age					
County (6) <b>Cape May</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>344 West State Street</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Trenton, NJ 08618</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>609-656-8101</b>		License No. <b>00529</b>					
Start Date (10) <b>10 / 8 / 19</b>		Scheduled Completion Date (11) <b>11 / 29 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Power House &amp; Learning Center</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Hinge Gaskets</b>	<b>16 total</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Manhole D&amp;E</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Debris Clean up</b>	<b>25 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Manhole H</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>8 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>10-31-19</b>			

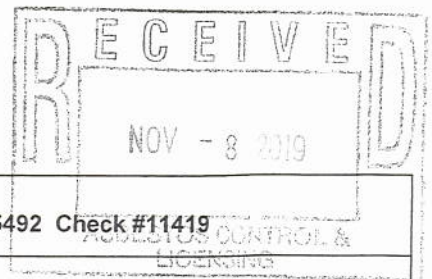
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>10 / 31 / 19</b>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1910-5545 Check #</b>							
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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b>							
		City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>George Betar</b>	Telephone Number <b>267-347-0130</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Valiant/JCP&amp;L Pole</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>10 Fair Haven Road</b>		Square Feet	# of Floors						
City (5) <b>Fair Haven, NJ</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>10 / 10 / 19</b>	Scheduled Completion Date (11) <b>11 / 29 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: <b>AM- PM/ PM- AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior Pole #BT752RN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos risers</b>	<b>16 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>10-31-19</b>		



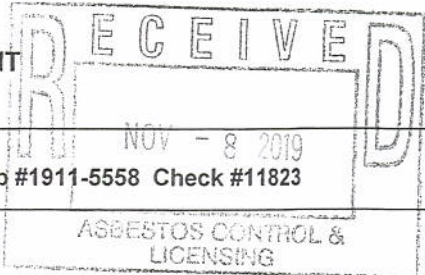
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>10</u> / <u>31</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Hamilton Township BOE / Job #1905-5492 Check #11419</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 Park Avenue</b> City, State, Zip Code <b>Hamilton Township, NJ 08690</b>							
		Name of Contact <b>Building Administration</b>	Telephone Number <b>609-631-4100</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hamilton HS West</b>		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 <b>2720 South Clinton Avenue</b>									
City (5) <b>Trenton</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>6</u> / <u>24</u> / <u>19</u>	Scheduled Completion Date (11) <u>11</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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 <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Fire Doors O&M	14 total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Fire Doors O&M	15 total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>		Signature 			Date <b>10-31-19</b>			

Inv #15736  
CK 11823 PAID

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



Date of Notification (1) 11 / 4 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1911-5558 Check #11823	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Greco Telephone Number 201-602-1499	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) JCP&L- Green Village		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 7 Meyersville Road		Square Feet	# of Floors
City (5) Green Village		Bldg. Age	
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 11 / 2 / 19	Scheduled Completion Date (11) 11 / 2 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pole #JC650HD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Risers	16 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 20	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 11/2/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 11-4-19

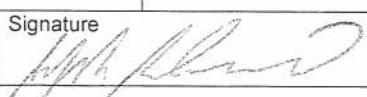


IN#15872

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

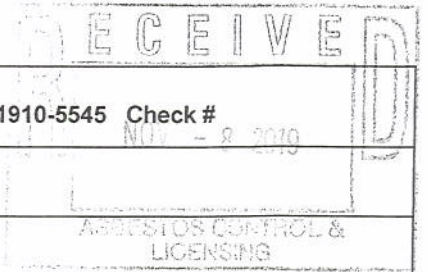
CK #1254

PAID

Date of Notification (1) 11 / 07 / 19		Name of Building Owner/Operator (2) Bank of America		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 9 2019 ASBESTOS CONTROL &amp; </div>								
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 44 South Broadway				
		City, State, Zip Code White Plains, NY 10601						Name of Contact Dino Nappi				
				Telephone Number 516-972-8809								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Bank of America				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 25 North Maple Avenue				Square Feet 5,000								
City (5) Ridgewood, NJ				# of Floors 1		Bldg. Age 45						
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc								
Street Address 44 South Broadway				Street Address 47 Foster Road								
City, State, Zip Code White Plains, NY 10601				City, State, Zip Code Staten Island NY 10309								
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809		Telephone No. 718-605-6256		License No. 00774						
Start Date (10) 11 / 16 / 19		Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Testor Tech								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/11:30 PM-Saturday,</u> <u>Sunday 9:00 am to 3:00 pm.</u> AM				Street Address 10- 59 Jackson Avenue								
				City, State, Zip Code LIC NY 11101								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Floor MER		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Board & Joint Compound		2,200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Flat Roof Area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Field and flashing		920 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings		50 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, NJ				Disposal Date 11/31/2019		City, State Pen Argyl, PA						
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 				Date 11-07-2019				

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

NOCK

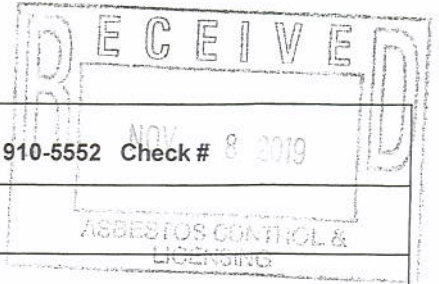


Date of Notification (1) <u>10</u> / <u>30</u> / <u>19</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1910-5545 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>George Betar</b>	Telephone Number <b>267-347-0130</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Valiant/JCP&amp;L Pole</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>10 Fair Haven Road</b>		Square Feet	# of Floors						
City (5) <b>Fair Haven, NJ</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>10</u> / <u>10</u> / <u>19</u>	Scheduled Completion Date (11) <u>11</u> / <u>8</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: <u>      </u> AM- <u>      </u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole #BT752RN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/8/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>10/30/19</b>			



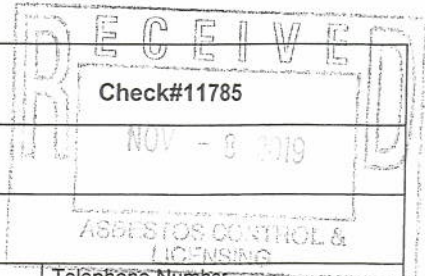
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

NOCK



Date of Notification (1) <b>10 / 28 / 19</b>			Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1910-5552 Check # 8 2019</b>						
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>John Greco</b>					
				Telephone Number <b>201-602-1499</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Substation- Cable Department</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>10 Legion Place- Building B</b>				Square Feet # of Floors Bldg. Age					
City (5) <b>Morristown, NJ 07960</b>									
County (6) <b>Morris</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; health, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) <b>10 / 28 / 19</b>		Scheduled Completion Date (11) <b>11 / 1 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ladies Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>11/1/19</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>10-28-19</b>			

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;">10 / 31 / 19</div>		Name of Building Owner/Operator (2) PSE&G / Job # 1903-5447		Check#11785 NOV - 9 2019 ASBESTOS CONTROL & LICENSING
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Avenue		
		City, State, Zip Code Newark, NJ		
		Name of Contact Chris Castronova	Telephone Number 908-412-2206	

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bay Way Refinery		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 4001 South Wood Avenue		Square Feet	# of Floors
City (5) Linden, NJ 07036		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Refinery	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 00529
Start Date (10) 10 / 17 / 19	Scheduled Completion Date (11) 11 / 29 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

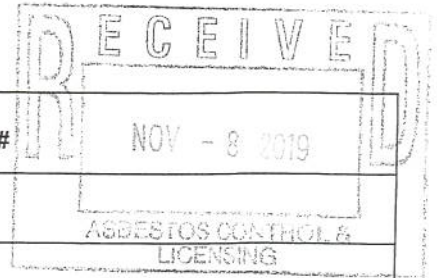
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 8	Name of Registered Landfill Grows- Fairless Landfill	
City, State Flanders, NJ		Disposal Date 11/29/19		City, State Morrisville, PA 19067	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 10-31-19	



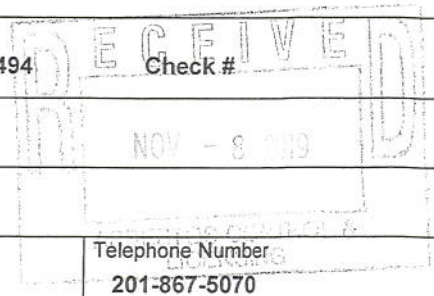
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center; font-size: 1.2em;">10 / 31 / 19</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1909-5530</b>		Check # <div style="text-align: center; font-size: 1.2em;">NOV - 8 2019</div>	
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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b>		Name of Contact <b>Ken Carmelia</b>	
				Telephone Number <b>609-410-0038</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>Corbin Street &amp; Innerport Street</b>			Square Feet    # of Floors    Bldg. Age		
City (5) <b>Port Newark, NJ</b>			County (6) <b>Essex</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>Control House</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-839-2432</b>	
Start Date (10) <div style="text-align: center; font-size: 1.2em;">9 / 16 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center; font-size: 1.2em;">11 / 29 / 19</div>		License No. <b>00529</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Name of OSHA Monitor <b>EMSL Analytical</b>		
Street Address <b>200 Route 130 North</b>			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <div style="display: flex; justify-content: space-around;"> <span>Removal</span> <span>Repair</span> <span>Encapsulate</span> <span>Enclosure</span> </div>
<b>Exterior</b>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>		<b>30" ACM coal tar wrap</b>	<b>30 LF</b>	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>				<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>				<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>				<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>12</b>	
City, State <b>Camden, NJ</b>		Disposal Date <b>11/29/19</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Tullytown, PA</b>		Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	
Signature 		Date <div style="text-align: center; font-size: 1.2em;">10-31-19</div>			

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

**NOCK**

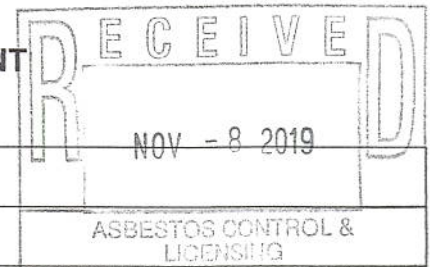


Date of Notification (1) <div style="text-align: center;">10 / 31 / 19</div>			Name of Building Owner/Operator (2) NJ DOT / Job # 1905-5494			Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue			City, State, Zip Code Trenton, NJ 08625					
				Name of Contact Yana Kost		Telephone Number 201-867-5070						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Route 47 Bridge over Route 295 Bridge						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 2 Cuter Avenue												
City (5) Deptford, NJ						Square Feet		Bldg. Age				
County (6) Gloucester			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bridge							
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) 8 / 26 / 18		Scheduled Completion Date (11) 11 / 29 / 19		Name of OSHA Monitor EMSL Analytical								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/9PM-5:30AM				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) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Beneath Bridge		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe Conduit		1,080 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 40		Name of Registered Landfill FAIRLESS Landfill					
City, State Lumberton, NJ					Disposal Date 11/29/19		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator			Signature 			Date 10-31-19			



Inv-15870  
CK3074

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



Date of Notification (1) <b>11/05/2019</b>		Name of Building Owner / Operator (2) <b>Mr. Peter &amp; Mrs. Diana Kreel</b>	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Wharton, NJ 07885</b>	Telephone Number
		Name of Contact <b>Mr. Peter &amp; Mrs. Diana Kreel</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential *Basement*</b>			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) <b>Wharton</b>	County (6) <b>Morris</b>	County Code (7)	Square Feet <b>Approx. 2,500</b>	# of Floors <b>4</b>	Bldg. Age <b>102</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>			Name of Abatement Contractor (9) <b>Resource Management Group, LLC.</b>		
Street Address <b>P.O. Box 365</b>			Street Address <b>2115 Hamilton Avenue, Suite 202</b>		
City, State & Zip Code <b>Berlin, NJ 08009</b>			City, State & Zip Code <b>Trenton, NJ 08619</b>		
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>856-839-2432</b>	Telephone Number <b>609-914-4279</b>	License Number <b>01185</b>	
Scheduled Start Date (10) <b>11/19/2019</b>		Scheduled Completion Date (11) <b>11/22/2019</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories, Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>2333 Route 22 West</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed: <b>Operating hours- 8am to 5pm</b> Describe:			City, State & Zip Code <b>Union, NJ 07083</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>22 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

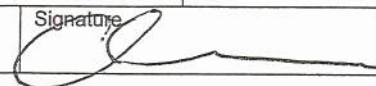
Name of Registered Waste Hauler <b>Resource Management Group, LLC</b>		NJDEP Waste Hauler ID No. <b>0035218</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ 08619</b>		Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>	Signature <i>Brian Haney</i>		Date <b>11/05/2019</b>



**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)

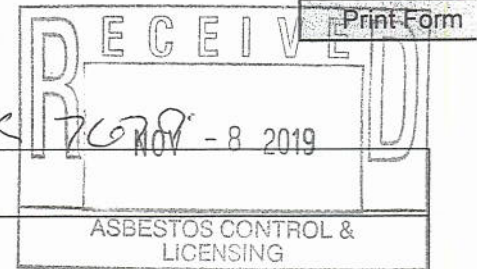
Print Form  
**RECEIVED**  
NOV - 8 2019

CK 7675

Date of Notification (1) 11/4/19 <i>Inv-15869</i>		Name of Building Owner/Operator (2) Bill Mahler Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING							
City, State, Zip Code Cape May NJ 08204		Telephone Number							
Name of Contact Bill									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bill Mahler 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]									
City (5) Cape May NJ 08204		Square Feet 1000+	# of Floors 2						
County (6) cape may		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Current Use (Prior if being demolished) house & garage									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/15/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding House & garage			x	Exterior Siding	1850 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/4/19		



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



CH 7679 INV-15868

Date of Notification (1) 11/5/19		Name of Building Owner/Operator (2) Chris Kolovos Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Berlin NJ 08009							
Name of Contact Jennifer		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chris Kolovos 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 1000+							
City (5) Berlin NJ 08009		# of Floors 1.5							
County (6) Camden		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Name of Abatement Contractor (9) Pernaco Inc.		Street Address PO Box 329							
Street Address		City, State, Zip Code West Berlin NJ 08091							
City, State, Zip Code		Telephone No. 856-753-9800							
Project Manager for Monitoring Firm		License No. 00727							
Start Date (10) 11/15/19		Scheduled Completion Date (11) 11/27/19							
Name of OSHA Monitor Same		Street Address							
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:		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding dormers			x	Exterior Siding	100 SF	x			
basement			x	Floor Tile	312 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/5/19		

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

RECEIVED  
CK 7678  
NOV - 8 2019  
ASBESTOS CONTROL & LICENSING

CK 7678  
INV-15867

Date of Notification (1) 11/5/19		Name of Building Owner/Operator (2) Kevin Engelken Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code North Beach NJ 08008	
Name of Contact Kevin		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Kevin Engelken 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 1000+	# of Floors 2
City (5) North Beach NJ 08008		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Pernaco Inc.	
City, State, Zip Code		Street Address PO Box 329	
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091	
Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/15/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)


<input 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	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Exterior break away board			x	transite	500 SF	x			

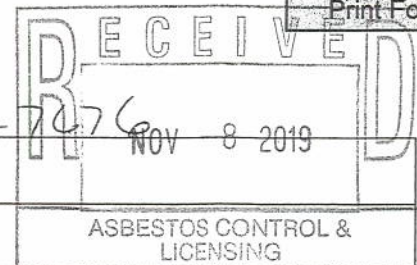
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 11/5/19



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 11/5/19		Name of Building Owner/Operator (2) Kevin Engelken Private Home						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>						
		City, State, Zip Code North Beach NJ 08008						
		Name of Contact Kevin		Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Kevin Engelken 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 <div style="background-color: black; height: 1.2em; width: 100%;"></div>								
City (5) North Beach NJ 08008		Square Feet 1000+		# of Floors 2	Bldg. Age 50+			
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.				
Street Address				Street Address PO Box 329				
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727			
Start Date (10) 11/15/19		Scheduled Completion Date (11) 11/27/19		Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> < 23 sf or < 23 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 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			
					Removal	Repair	Encapsulate	Enclosure
Exterior Siding		Yes	No	N/A				
Exterior break away board				x				
				x				
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 11/5/19		

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



Date of Notification (1) 11/4/19 <i>JNV-15864</i>		Name of Building Owner/Operator (2) Sara Desavino Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING							
City, State, Zip Code Long Beach Twp NJ 08091		Telephone Number							
Name of Contact Sara									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sara Desavino 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]									
City (5) Long Beach Twp NJ 08091		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/15/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/4/19		



JNV-15842

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

Check # 10751

Date of Notification (1)

11/5/2019

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Rosanne Saxenian

Street Address

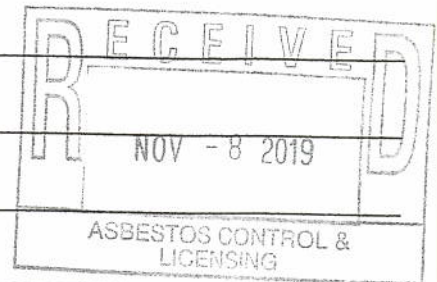
City, State, Zip Code

Dumont, NJ, 07628

Name of Contact

Rosanne Saxenian

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Rosanne Saxenian

Street Address

City

Dumont

County

Bergen

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

11- 18- 19

Month Day Year

Sched. Completion Date (11)

11- 19- 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	130 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

11/20/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

11/5/2019

170 West Quackenbush Ave



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

Date of Notification (1) <b>11/5/2019</b>		Name of Building Owner/Operator (2) <b>David Martin</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 8 2019 ASBESTOS CONTROL &amp; 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Verona, NJ, 07044</b>		
		Name of Contact <b>David Martin</b>	Telephone Number	

## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>11- 19- 19</b> Month    Day    Year	Sched. Completion Date (11) <b>11- 21- 19</b> Month    Day    Year	Name of OSHA Monitor <b>N/A</b>		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 Lf</b>	<input checked="" type="checkbox"/>			
				<b>Boiler Insulation</b>	<b>40 SF</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste 1.5	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11/22/19</b>	City, State <b>Bronx, NY, 10474</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>11/5/2019</b>		
31 East Lincoln St					



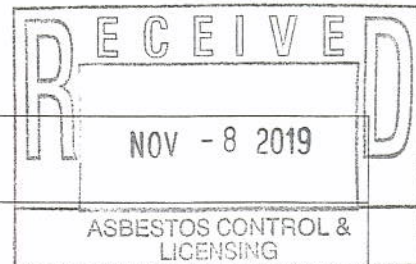
INV-15859  
Chle 163

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



Date of Notification (1) <b>11 / 05 / 19</b>		Name of Building Owner/Operator (2) <b>Marques Washington</b>		ASBESTOS CONTROL & LICENSING					
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 <b>Palmyra, NJ 08065</b>							
		Name of Contact <b>Marques Washington</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Washington Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Palmyra</b>				Square Feet <b>1,092</b>	# of Floors <b>2</b>				
				Bldg. Age <b>77</b>					
County (6) <b>Burlington</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCN No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>PO Box 341</b>				Street Address <b>623 Cutler Avenue</b>					
City, State, Zip Code <b>Chesterfield, NJ 08515</b>				City, State, Zip Code <b>Maple Shade, NJ 08052</b>					
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>11 / 18 / 19</b>		Scheduled Completion Date (11) <b>11 / 22 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>650 SF</b>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/22/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>			Signature <i>Christina Fay</i>		Date <b>11/5/19</b>		

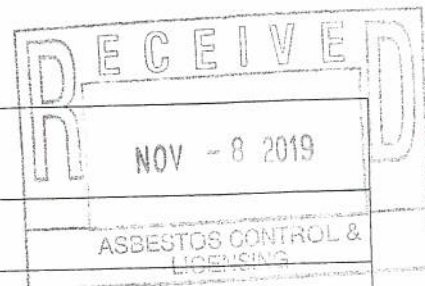
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>11 / 04 / 19</b>		Name of Building Owner/Operator (2) <b>FD Lot 9, LLC</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>18 Hastings Drive</b>		City, State, Zip Code <b>Tenafly, NJ 07670</b>		Telephone Number <b>201-876-9400</b>					
Name of Contact <b>Chris Rotondi as agent for owner</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>N/A</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>97 Monitor Street</b>				Square Feet <b>9,600</b>					
City (5) <b>Jersey City</b>				# of Floors <b>4</b>					
County (6) <b>Hudson</b>				Bldg. Age <b>68 + yrs.</b>					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>MAK-B Pro, Inc.</b>					
Street Address		Street Address <b>104 Market Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm		Telephone No.		License No. <b>01365</b>					
Start Date (10) <b>11 / 07 / 19</b>		Scheduled Completion Date (11) <b>12 / 30 / 19</b>		Name of OSHA Monitor <b>Same as above</b>					
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					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof membrane	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>11222</b>		Cubic Yards of Waste <b>40 yds.</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>Nov. 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kiril Nestorov</b>		Title <b>Project Manager</b>		Signature <i>Kiril Nestorov</i>		Date <b>11-4-19</b>			



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



Date of Notification (1) <b>10 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>FD Lot 9, LLC</b>							
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 <b>18 Hastings Drive</b>							
		City, State, Zip Code <b>Tenafly, NJ 07670</b>							
		Name of Contact <b>Chris Rotondi as agent for owner</b>	Telephone Number <b>201-876-9400</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>N/A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>97 Pine Street</b>		Square Feet <b>9,600</b>	# of Floors <b>4</b>						
City (5) <b>Jersey City</b>		Bldg. Age <b>68 + yrs.</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>MAK-B Pro, Inc.</b>							
Street Address		Street Address <b>104 Market Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-931-3293</b>	License No. <b>01365</b>						
Start Date (10) <b>11 / 07 / 19</b>	Scheduled Completion Date (11) <b>12 / 30 / 19</b>	Name of OSHA Monitor <b>Same as above</b>							
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							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roof membrane</b>	<b>2,400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor Hallway</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>11222</b>	Cubic Yards of Waste <b>40 yds.</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>Nov. 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kiril Nestorov</b>		Title <b>Project Manager</b>		Signature <i>[Signature]</i>			Date <b>10-25-19</b>		

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

<b>Date of Notification (1)</b> 10/22/19 <i>INV-15458</i>		<b>Name of Building Owner/Operator (2)</b> Accurate Builders & Developers		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV - 8 2019  <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>							
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				<b>Street Address</b> 32 Cross Street, Suite 301 <b>City, State, Zip Code</b> Lakewood, NJ 08701 <b>Name of Contact</b> Mendy Tendler					
		<b>Telephone Number</b> 732-573-5296									
<b>FACILITY INFORMATION</b>											
<b>Name of Facility Where Abatement is Taking Place (3)</b> Giovani Restaurant				<b>Type of Facility (4)</b> <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.)							
<b>Street Address</b> 1462 South Avenue				<b>Square Feet</b> 1600							
<b>City (5)</b> Plainfield				<b># of Floors</b> 1							
<b>County (6)</b> Union				<b>Bldg. Age</b> 75							
<b>County Code (7) (STATE USE ONLY)</b> _____		<b>Current Use (Prior if being demolished)</b> restaurant									
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> _____		<b>ASCM No.</b> _____		<b>Name of Abatement Contractor (9)</b> ABS Environmental Services, LLC							
<b>Street Address</b> _____		<b>Street Address</b> PO Box 483, 4 E Gate Drive									
<b>City, State, Zip Code</b> _____		<b>City, State, Zip Code</b> Glenwood, NJ 07418									
<b>Project Manager for Monitoring Firm</b> _____		<b>Telephone No.</b> _____		<b>Telephone No.</b> 973-764-2276							
<b>Start Date (10)</b> 10/31/19		<b>Scheduled Completion Date (11)</b> 11/30/19		<b>License No.</b> 703							
<b>Occupancy Status During Abatement (Check Only One)</b> <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: _____				<b>Name of OSHA Monitor</b> _____							
<b>Scope of Work (Check All That Apply)</b> <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											
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</b>  <div style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div>Yes</div> <div>No</div> <div>N/A</div> </div> </div>		<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b>  <div style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div>Yes</div> <div>No</div> <div>N/A</div> </div> </div>		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>  		<b>Amount (Specify SF or LF)</b>  		<b>Abatement Type</b>			
								<div style="display: flex; justify-content: space-around;"> <div>Removal</div> <div>Repair</div> <div>Encapsulate</div> <div>Enclosure</div> </div>			
exterior				tar		300 SF		<div style="display: flex; justify-content: space-around;"> <div>x</div> <div></div> <div></div> <div></div> </div>			
exterior roof				roofing		3800 SF		<div style="display: flex; justify-content: space-around;"> <div>x</div> <div></div> <div></div> <div></div> </div>			
<b>Name of Registered Waste Hauler</b> Newark Carting		<b>NJDEP Waste Hauler ID No.</b> 04509		<b>Cubic Yards of Waste</b> TBD		<b>Name of Registered Landfill</b> Grand Central Sanitary Landfill					
<b>City, State</b> Newark, NJ		<b>Disposal Date</b> TBD		<b>City, State</b> Pen Argyl PA							
<b>Completed by</b> A. Scott Higgins		<b>Title</b> President		<b>Signature</b> 		<b>Date</b> 10/22/19					



PAID

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

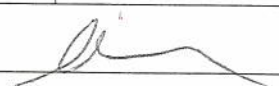
Check 19415

RECEIVED  
NOV - 8 2019  
ASBESTOS CONTROL & LICENSING

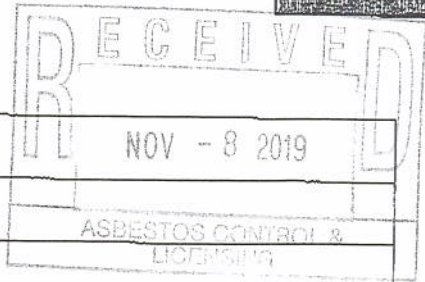
Date of Notification (1) 10/22/19 <b>Inv-15457</b>		Name of Building Owner/Operator (2) Accurate Builders & Developers	
Agencies Notified	Type Notification	Street Address 32 Cross Street, Suite 301	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Lakewood, NJ 08701	
		Name of Contact Mendy Tendler	Telephone Number 732-573-5296

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Plainfield		Square Feet 2200	# of Floors 1
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) building	
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418	
Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 11/6/19	Scheduled Completion Date (11) 12/6/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt. 1466 Basement			x	elbows	20	x			
Apt. 1464 Basement			x	air cells	20 elbows	x			
Apt 1464 closet, living, dining, kitchen			x	plaster	3400 SF	x			
back bedroom & attic stairs									

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 10/22/19

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



Date of Notification (1) 11/6/19 <b>INV-15858</b>		Name of Building Owner/Operator (2) Matt's Construction							
Agencies Notified	Type Notification	Street Address 14 Irene Court							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Matt's Construction	Telephone Number 732-905-4494						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lakewood		Square Feet	# of Floors						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 11/18/19		Scheduled Completion Date (11) 11/21/19	License No. 1200						
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: _____		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOOR TILE	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/21/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 11/6/19		



CK 1168

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

Print Form

**RECEIVED**

NOV - 8 2019

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 11/6/19 <b>Inv 15857</b>		Name of Building Owner/Operator (2) MB HealthCare	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1593 Route 88	
		City, State, Zip Code Brick, NJ 08724	
		Name of Contact Josh Vann	Telephone Number 845-558-5879

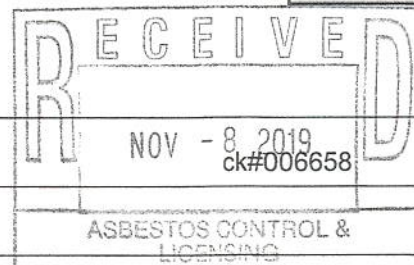
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 1593 Route 88		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1593 Route 88		Square Feet	# of Floors
City (5) Brick		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) office building	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078
			License No. 1200
Start Date (10) 11/17/19	Scheduled Completion Date (11) 11/20/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOOR TILE AND MASTIC	130SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 11/20/19		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 11/6/19

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



Date of Notification (1) 09/27/2019 <i>Inv 14837</i>		Name of Building Owner/Operator (2) Feirleigh Dickinson University	
Agencies Notified	Type Notification	Street Address 1000 River Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Teaneck, NJ 07666	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. Richard Frick	Telephone Number 800-338-8803

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) FDU - Florham (Madison) Campus - Council on Aging Bldg.		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 285 Madison Ave		Square Feet 352	# of Floors 1
City (5) Madison		Bldg. Age 60+	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC
Street Address 5434 King Ave		Street Address 16 Glenwild Ave	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Bloomingtondale, NJ 07403	
Project Manager for Monitoring Firm Mr. Tom Pruno	Telephone No. 856-616-9516	Telephone No. 973-928-3995	License No. 01181
Start Date (10) 10/07/2019	Scheduled Completion Date (11) 10/12/2019	Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Glenwild Ave	
		City, State, Zip Code Bloomingtondale, NJ 07403	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Council on Aging Bldg.			X	Joint Compound / Sheetrock	1,108 SF	X			
Council on Aging Bldg.			X	Window Caulk	36 LF	X			

Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill WM - Grand Central Landfill	
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Deni Naumovski	Title President	Signature 		Date 09/27/2019	

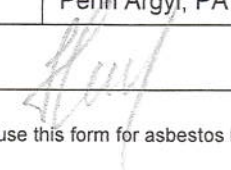


CK 006570

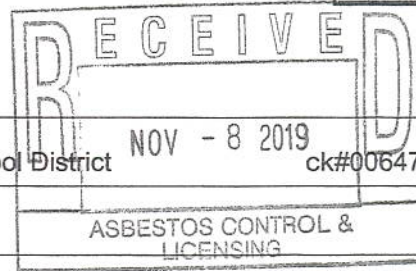
PAID

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

Print Form
NOV - 8 2019
CK #006570 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/26/2019 <b>INV-14010</b>		Name of Building Owner/Operator (2) Maple Shade School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 170 Frederick Ave		City, State, Zip Code Maple Shade, NJ 08052							
Name of Contact Cawood Diana		Telephone Number 856 779 1750							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Maude Wilkins Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 34 West Mill Road,		Square Feet 35,000+							
City (5) Maple Shade		# of Floors 2	Bldg. Age 60+						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. _____							
Street Address 5434 King Avenue, Suite 101		Name of Abatement Contractor (9) Hazmat Diagnostic LLC							
City, State, Zip Code Pennsauken, NJ 08109		Street Address 16 Glenwild Ave							
Project Manager for Monitoring Firm Tom Pruno		City, State, Zip Code Bloomington, NJ 07403							
Telephone No. 888 306 4545		Telephone No. 973 928 3995							
Start Date (10) 08/27/2019		License No. 01181							
Scheduled Completion Date (11) 08/31/2019		Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Office, copy room, principal's office		x		Floor Tiles	1000 SF	x			
Name of Registered Waste Hauler Hazmat Diagnostic LLC/Newark Carting, Inc		NJDEP Waste Hauler ID No. 0035440/4509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill			
City, State Bloomington, NJ/Newark, NJ				Disposal Date TBD		City, State Penn Argyl, PA			
Completed by Deni Naumovski		Title President		Signature 		Date 08/26/2019			

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



Date of Notification (1) 08/09/2019		Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District		NOV - 8 2019 ck#006476	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Crest Way  City, State, Zip Code Aberdeen, NJ 07747  Name of Contact Mr. Adam Nasr  Telephone Number 732-705-4000	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Strathmore Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 282 Church Street				Square Feet 65,000+	# of Floors 1
City (5) Aberdeen				Bldg. Age 60+	
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No. _____		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 120 North Warren Street		Street Address 16 Glenwild Ave			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Bloomington, NJ 07403			
Project Manager for Monitoring Firm Mr. Roland C. Jones		Telephone No. 609-392-4200		Telephone No. 973-928-3995	License No. 01181
Start Date (10) 08/10/2019		Scheduled Completion Date (11) 08/11/2019		Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 16 Glenwild Ave	
				City, State, Zip Code Bloomington, NJ 07403	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	N/A		
Room 34			X	Thermal Systems Insulation	70 LF
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Deni Naumovski		Title President		Signature 	Date 08/09/2019



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

<b>RECEIVED</b>	
Check # 1452 2019	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 11/04/19 <b>Inv-15739</b>		Name of Building Owner/Operator (2) Robert Payne No1 LLC	
Agencies Notified	Type Notification	Street Address 725 18 <sup>th</sup> Street	City, State, Zip Code Union City, NJ 07807
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Harry Uvegi	

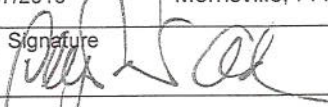
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Robert Payne No1 LLC		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 725 18 <sup>th</sup> Street		Square Feet 50,000	# of Floors 5
City (5) Union City, New Jersey 07807		Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Units	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 560 Sylvan Ave, Suite 3065		Street Address 606 McBride Ave	
City, State, Zip Code Englewood Cliffs, NJ 07631		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 11/05/2019	Scheduled Completion Date (11) 11/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

**Scope of Work (Check All That Apply)**

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Steam Pipe Insulation	15 LF	X			

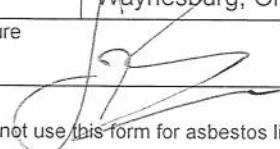
Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 11/07/2019	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 11/04/2019

Check # 3560

Print Form

Inv 15855

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

Date of Notification (1) 10/27/2019		Name of Building Owner/Operator (2) Archdiocese of Newark		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV - 8 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 171 Clifton Avenue			
		City, State, Zip Code Newark, New Jersey 07104		Telephone Number (973) 497-4116					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Anne/Jersey City Global Charter 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 & commercial buildings, homes, etc.)					
Street Address 255 Congress Street				Square Feet 80,000					
City (5) Jersey City				# of Floors 3					
County (6) Hudson				Bldg. Age 50					
County Code (7) (STATE USE ONLY) 07307				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.		License No. 00874					
Start Date (10) 11/07/2019		Scheduled Completion Date (11) 11/14/2019		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 1385 Valley Road, Suite K					
				City, State, Zip Code Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Small Gym		x		ACM 3" DIA elbow insulation	1 LF			x	
Lunch Room		x		ACM 6" DIA elbow insulation	2 LF			x	
Lunch Room		x		ACM 6" DIA seem	2 LF			x	
Basement Water Meter Room	x			ACM 2" DIA 2 elbows insulation	2 LF			x	
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Ljiljana Sekularac		Title Office Assistant		Signature 		Date 10/27/2019			