

Inv 15978  
CK 8030

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

RECEIVED  
NOV 14 2019  
CK 8030  
ASBESTOS CONTROL & LICENSING

Date of Notification 11/7/19 Type Notification		Name of Building Owner / Operator (2) <b>Eatontown Wyckoff, LLC</b>		NOV 14 2019	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		Street Address <b>141 Route 35</b> City, State & Zip Code <b>Eatontown, NJ 07724</b> Name of Contact <b>Al Tafro</b> Telephone Number <b>973-266-2800</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>141 Route 35</b>			Square Feet <b>3000</b>		
City (5) <b>Eatontown</b>			County (6) <b>Monmouth</b>		County Code (7)
			Bldg. Age <b>60+</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirotactics, Inc.</b>			ASCM No.		
Street Address <b>1330 Laurel Ave</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
City, State & Zip Code <b>Sea Girt, NJ 08750</b>			Street Address <b>443 Schoolhouse Road</b>		
Project Manager for Monitoring Firm <b>Ed Claypoole</b>			Telephone Number <b>732-449-0077</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>11/18/19</b>		Scheduled Completion Date (11) <b>11/22/19</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Other: <b>Non-friable</b>					
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 Square Feet or Linear Feet)
<b>Roof</b>		<b>N/A</b>	<b>Roof field</b>		<b>1,500 SF</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>20</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>11/22/19</b>		Name of Registered Landfill <b>GROWS</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature <i>Dominick Tringali</i>	
				Date <b>11/7/19</b>	



Inv # 15890  
B & G proj. #: 2019-256State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

\*\*\* EMERGENCY \*\*\*

Check #9710

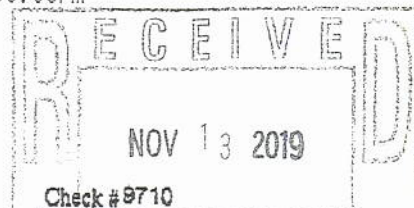
Date of Notification (1) 11/11/2019		Name of Building Owner/Operator (2) Paterson Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 200 Sheridan Avenue		City, State, Zip Code Paterson, NJ 07522	
Name of Contact Richard Matthews		Telephone Number 973-321-0772	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PS # 3 (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 448 Main Street			Square Feet 50,000 +		
City (5) Paterson, NJ 07504			# of Floors 2		
County (6) Passaic			Bldg. Age 50+		
County Code (7) (State use only)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc.			ASCM No. 0003		
Street Address 1253 North Church Street			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Moorestown, NJ 08057			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Jim Guillard			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 856-840-8800			Telephone Number (973)696-6869		
Sched. Start Date (10) 11/08/2019			License Number 00378		
Sched. Completion Date (11) 11/10/2019			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure			City, State, Zip Code Lincoln Park, NJ 07035		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement gymnasium			X	ceiling plaster (clean up debris)	24 sf	X			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 11/11/2019		City, State Pen Argyle, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna				Date 11/07/2019	





a &amp; g proj. #: 2019-255

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

Check # 9710

Date of Notification (1) 11/17/19		Name of Building Owner/Operator (2) Paterson Public Schools	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	200 Sheridan Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code	
<input checked="" type="checkbox"/> DCL	<input type="checkbox"/> Cancellation	Paterson, NJ 07522	
<input checked="" type="checkbox"/> DOH		Name of Contact	
<input type="checkbox"/> DCA		Richard Matthews	
		Telephone Number	
		973-321-0772	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PS # 3 (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 448 Main Street			Square Feet 50,000 +	Bldg. Age 50+
City (5) Paterson, NJ 07504	County (6) Passaic	County Code (7) (State use only)	# of Floors 2	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc.		ASCM No. 0003	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1253 North Church Street		Street Address 105 Ryerson Road		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jim Guillard		Phone Number 856-840-8800	Telephone Number (973)898-6869	License Number 00378
Scheduled Start Date (10) 11/08/2019	Sched. Completion Date (11) 11/10/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 ft  
☒ Renovation  
☐ ≥180 sf or ≥260 ft  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	R	E	N	C	S	P	E	N	
	Yes	No	N/A													
basement gymnasium				ceiling plaster (clean up debris)	24 sf											

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/11/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/07/2019



Inv# 15885  
B & G proj. #: 2019-253

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

Check # 9708

Date of Notification (1) 11/10/19		Name of Building Owner/Operator (2) Naomi Lin	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hawthorne, NJ 07506	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Naomi Lin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

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

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room, main room, closet			<input checked="" type="checkbox"/>	pipe fittings	27 fittings	<input checked="" type="checkbox"/>			
by stairs									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/12/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/07/2019



B &amp; G Proj. #: 2019-253

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

NOV 14 2019

Check # 9708

Date of Notification (1) 11/10/19		Name of Building Owner/Operator (2) Naomi Lin	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Hawthorne, NJ 07506	
Name of Contact Naomi Lin		Telephone Number	

## FACILITY INFORMATION

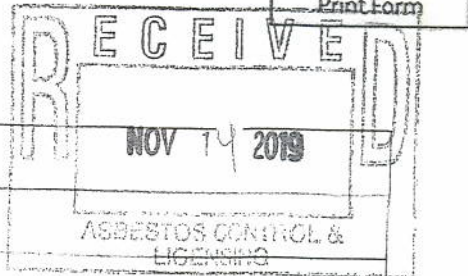
Name of facility where abatement is taking place (3) Naomi Lin			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Hawthorne	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior to being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 898-8868		
Scheduled Start Date (10) 11/11/2019		Sched. Completion Date (11) 11/12/2019	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> > 3 sf or > 2 lf <input type="checkbox"/> Renovation <input type="checkbox"/> 2160 sf or > 260 lf			Street Address 105 Ryerson Road		
Location of asbestos-containing material to be abated in facility (13) boiler room, main room, closet by stairs			City, State, Zip Code Lincoln Park, NJ 07035		
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			Description of asbestos-containing material (ACM) pipe fittings		
			Amount (Specify SF or LF) 27 fittings		
			Removal <input checked="" type="checkbox"/>		
			Repair <input type="checkbox"/>		
			Encapsulate <input type="checkbox"/>		
			Encl. <input type="checkbox"/>		
Registered Waste Hauler B & G Restoration, Inc.			NJ DEP Hauler ID# 18063		
City, State Lincoln Park, NJ			Cubic Yards of Waste 2		
Disposal Date 11/12/2019			Name of Registered Landfill Grand Central Landfill		
City, State Pan Argyl, PA					
Completed by (Print or Type) Gordana Luna			Signature Gordana Luna		
Title Secretary/Treasurer			Date 11/07/2019		



Inv # 15687  
CK 3185 PAID

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

Print Form

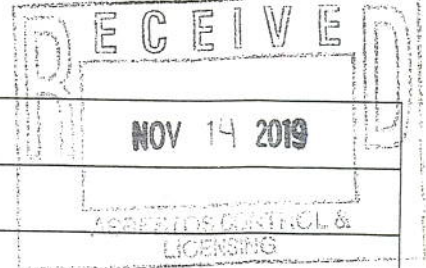


Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) Richard Vitali						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton, NJ 08087						
		Name of Contact Eric Plackis	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Tuckerton		Square Feet 3600	# of Floors 2					
County (6) Ocean		Bldg. Age 80						
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)					
Street Address		Brick Industries, Inc.						
City, State, Zip Code		Street Address PO Box 915						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Telephone No.		732-899-7499	01196					
Start Date (10) 10/31/19	Scheduled Completion Date (11) 11/7/19	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"/> $\geq 3$ 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 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
			X	asbestos floor tile	150SF	X		
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill Grows North Landfill				
City, State Brick, NJ		Disposal Date 11/7/19		City, State Morrisville, PA				
Completed by Eric Plackis		Title President		Signature 		Date 10/30/19		



Inv# 15981

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



Date of Notification (1) 11/08/2019		Name of Building Owner/Operator (2) Ruben Rivera		NOV 14 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code West Orange, NJ 07052 Name of Contact Ruben Rivera Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) West Orange		County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685 License No. 01311	
Start Date (10) 11/18/19		Scheduled Completion Date (11) 11/19/19		Name of OSHA Monitor D&S Abatement, 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: Occupied			Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Garage		X		Duct Insulation	50 SF
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	
City, State Wayne, NJ		Disposal Date TBD		Name of Registered Landfill Grand Central	
City, State Pen Argyl, PA		Completed by Ned Joksimovic		Title Project Manager	
Signature 		Date 11/08/2019			

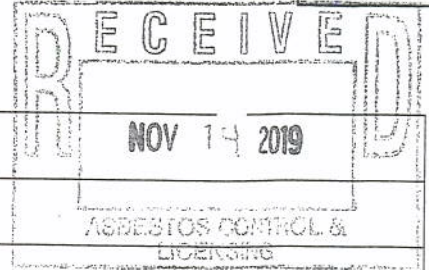


Inv # 15985

CK 2257

PAID

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



Date of Notification (1) 11/08/2019		Name of Building Owner/Operator (2) Edward Akins		NOV 14 2019					
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]					
		City, State, Zip Code Totowa, NJ 07512		ASBESTOS CONTROL & LICENSING					
		Name of Contact Edward Akins		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Totowa			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 11/19/19		Scheduled Completion Date (11) 11/21/19		Name of OSHA Monitor D&S Abatement, 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: Occupied				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
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	Enclosure
Attic		X		Vermiculate	650 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/08/2019			



Inv# 150103 PAID

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

34813

RECEIVED

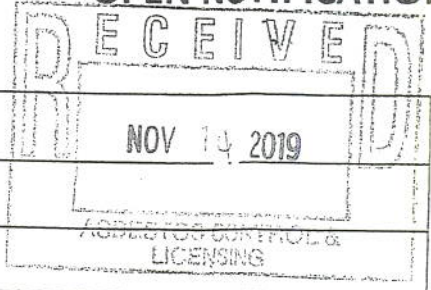
NOV 14 2019

STOS CONTROL & LICENSING

Date of Notification (1) 11 / 11 /19			Name of Building Owner/Operator (2) PRUDENTIAL INSURANCE COMPANY OF AMERICA		
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 751 BROAD STREET			City, State, Zip Code NEWARK, NEW JERSEY 07102		
Name of Contact WILLIAM BARRETT			Telephone Number 973-802-2175		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 751 BROAD STREET-14TH & 16TH FLOORS			Square Feet 550,000		Bldg. Age 59
City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 256 A JEFFERSON COURT			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code LAKEWOOD, NEW JERSEY 08701			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm KELLY WALTON		Telephone Number 732-948-9458	Telephone Number 845-369-7500		License Number 1101
Expected State Date (10) 11 / 21 /19		Sched. Completion Date (11) 6 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-2:30 AM					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Encl, <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> Renovation					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
14TH FLOOR-ENTIRE		X		FLOOR TILE AND MASTIC 22,000 SF	
16T FLOOR - ENTIRE		X		FLOOR TILE AND MASTIC 22,000 SF	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 11/21/2019 - 06/30/2020		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 11-11-19



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



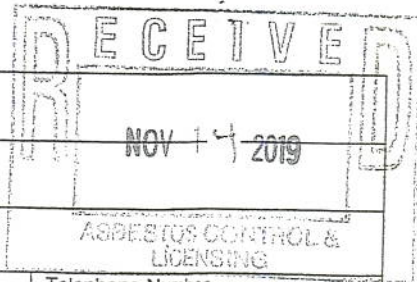
Date of Notification (1) <b>11/6/2019</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>						
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 7080</b>						
		Name of Contact <b>ANTHONY D'ANGELO</b>	Telephone Number <b>347-753-1838</b>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)						
Street Address <b>17-53 NEVINS ROAD</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.)						
City (5) <b>FAIRLAWN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>					
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>					
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>					
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA, INC</b>						
Start Date (10) <b>11/6/2019</b>	Scheduled Completion Date (11) <b>12/30/2019</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>						
<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: <b>OUT DOORS</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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) <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
<b>OUTSIDE</b>		<b>X</b>	<b>ACM SOMASTIC</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>	Cubic Yards of Waste <b>APPX 5</b>	Name of Registered Landfill <b>FAIRLESS</b>				
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>		Date <b>11/6/19</b>			



CK # 9794

"OPEN NOTIFICATION"

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



Date of Notification (1) <b>10/24/2019</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 7080</b>							
		Name of Contact <b>ANTHONY D'ANGELO</b>	Telephone Number <b>347-753-1838</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)							
Street Address <b>17-53 NEVINS ROAD</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.)							
City (5) <b>FAIRLAWN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>	Current Use (Prior if being demolished) <b>SWITCH STATION</b>						
County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>11/6/2019</b>	Scheduled Completion Date (11) <b>12/30/2019</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<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: <b>OUT DOORS</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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) <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>OUTSIDE</b>		<b>X</b>		<b>ACM SOMASTIC</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>	Cubic Yards of Waste <b>APPR 5</b>	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>			Date <b>10/24/19</b>			



Inv# 15991

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

C/L 8031

PAID

Date of Notice: 11/8/2019 Type Notification		Name of Building Owner / Operator (2) <b>Anheuser Busch, Inc.</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 14 2019 </div>	
Agencies Notified EPA DEP X DOL X DOH DCA	X Emergency Notification Initial Notification Amended Notification Cancellation	Street Address <b>200 Route 1 South</b>			
		City, State & Zip Code <b>Newark, NJ 07114</b>			
		Name of Contact <b>Dae Yang</b>			
				Telephone Number <b>973-645-7945</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Anheuser-Busch, Inc.</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)		
200 Route 1 South					
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Square Feet <b>50000</b>	# of Floors <b>4</b>	Bldg. Age <b>60 +/-</b>
			Current Use (Prior if being demolished) <b>Brewery</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>11/21/19</b>	Scheduled Completion Date (11) <b>11/27/19</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> X Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> Other: Non-friable <input checked="" type="checkbox"/>					
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>2nd Floor MER-Bottling</b>	<b>N/A</b>	<b>Cork Mastic</b>	<b>1,200SF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>20</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/27/19</b>		City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Project Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>11/8/19</b>	



Inv# 15807  
OK 022 PAIDState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:16)Acme Professional Services Corp  
000022 031207807 8066519055

Date of Notification (1) 11 / 06 / 2019		Name of Building Owner/Operator (2) Christopher Russo		NOV 14 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-6)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Christopher Russo	
				Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence Street Address [REDACTED] City (5) Ridgewood			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.)		
County (6) Bergen			County Code (7) (STATE USE ONLY) 0251		Square Feet 1,994
			Current Use (Prior if being demolished) Residence		# of Floors 2
					Bldg. Age 90
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address N/A				Street Address 550 Rifle Camp Rd	
City, State, Zip Code N/A				City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 973-938-5266	
				License No. 02003	
Start Date (10) 11 / 07 / 2019		Scheduled Completion Date (11) 11 / 14 / 2019		Name of OSHA Monitor Arsenije Adamov	
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 550 Rifle Camp Rd	
				City, State, Zip Code Woodland Park, NJ 07424	
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 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) 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		ACM Pipe & fitting insulation 90LF	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Contaminated personal belongings 350SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176		Cubic Yards of Waste 5 yards	
City, State Woodland Park, NJ		Disposal Date 11/08/19		Name of Registered Landfill Fairless Landfill	
Completed By (Print or Type) Arsenije Adamov		Title President		Signature Arsenije Adamov	
				Date 11/06/19	



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

CHECK # 26673

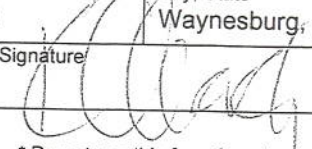
NO CK

Date of Notification (1) 11-06-19		Name of Building Owner/Operator (2) 30 Montgomery Partners LLC c/o Cushman & Wakefield	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Montgomery Street, Suite 200	
		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Ingrid Noonan	Telephone Number (201) 451-7100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 30 Montgomery Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City, NJ 07302	Square Feet 312,500SF	# of Floors 16	Bldg. Age ~45 yrs.
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Altomonte Environmental Services		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 2200 Paterson Plank Rd # 7		Street Address 200 Broad Street	
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. (201) 864-6583	Telephone No. 201-939-6565
License No. 00756			
Start Date (10) 11-07-19(1)Project Postponed	Scheduled Completion Date (11) 01-31-20	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
4th Floor			x	VAT	7,000SF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by Kevin Moriarty		Title Project Manager	Signature 	Date 11-06-19	



Inv # 15914  
 OK 2318  
 PAID

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

Check #

Date of Notification (1) November 8, 2019 October 16, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          NOV 14 2019          ASBESTOS CONTROL &amp; LICENSES     </div>
Agencies Notified	Type Notification	Street Address 554 South Livingston Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code Livingston, NJ 07039		
		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 & commercial buildings, home, etc.)	
Street Address 554 South Livingston Avenue		Square Feet 12,000	# of Floors 2
City (5) Livingston		Bldg. Age 62	
County (6) Essex		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-526-1000		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 26, 2019	Scheduled Completion Date (11) December 16, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ 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 type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                   |
|  |                                     | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
1st Floor Entry Vestibule			X	Joint Compound	100 SF	X			
Teller Line			X	Floor Tile and Mastic	300 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill				
City, State Little Egg Harbor, NJ 08087		Disposal Date December 17, 2019		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>			Date November 8, 2019 October 16, 2019		



## Check # 2281

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



Inv# 15878 Fax to: 609-633-0664  
 CK1478 PAID

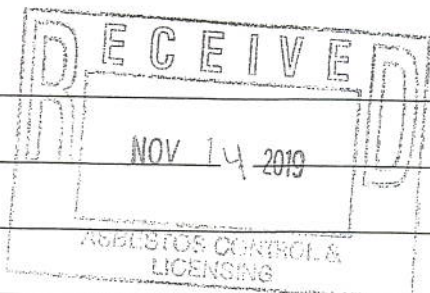
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
 NOV 14 2019

Date of Notification (1) 11/7/19		Name of Building Owner/Operator (2) Passaic Valley Water Commission							
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 1525 Main Avenue City, State, Zip Code Clifton NJ 07011 Name of Contact Joe Telephone Number 973-340-4300							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic Valley Water Commission		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 1525 Main Avenue		Square Feet under 100							
City (5) Clifton		# of Floors 1							
County (6)		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Passaic Valley Water Commission							
Name of Monitoring Firm Hired by Building Owner (8) T.T.I. Environmental Inc.		ASCM No. 00003							
Street Address 1253 N. Church Street		Name of Abatement Contractor (9) AGD Contracting Corp.							
City, State, Zip Code Moorestown NJ 08057		Street Address 316 Tennent Road Suite 103							
Project Manager for Monitoring Firm Jim		City, State, Zip Code Moraville NJ 07751							
Telephone No. 856-840-8800		Telephone No. 888-605-5900							
Start Date (10) 11/22/2019		License No. 02022							
Scheduled Completion Date (11) 11/24/2019		Name of OSHA Monitor same as above							
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 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Crawl Space	✓			Cleanup and repair of pipe	under 100sf	✓			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste under 10		Name of Registered Landfill LES1			
City, State Newark NJ		Disposal Date 11/23/19		City, State Bethlehem, PA					
Completed by Gina M. DiFazio		Title President		Signature [Signature]		Date 11/7/19			



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



Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 500 NORTH BROAD STREET							
<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 ELIZABETH, NJ 07208							
		Name of Contact LUIS MILANES	Telephone Number 908-436-5000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) THOMAS A. EDISON ACADEMY #87		Type of Facility (4)							
Street Address 625 SUMMER ST.		<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.)							
City (5) ELIZABETH		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 11/9/2019	Scheduled Completion Date (11) 11/10/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
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 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 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
KITCHEN		X		PIPE	20 LF				
				(WRAP & CUT)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 11/10/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 11/8/2019					



11/08/2019 11:14

FAX 973784408  
 RECEIVED  
 P.002/004  
 Print Form  
 NOV 14 2019  
 ASBESTOS CONTROL & ABATEMENT  
 4444  
 Telephone Number  
 808-436-5000

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:12a)

Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS						
Agencies Notified	Type Notification	Street Address 500 NORTH BROAD STREET						
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH, NJ 07208						
		Name of Contact LUIS MILANES						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) THOMAS A. EDISON ACADEMY #87		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 625 SUMMER ST.		Square Feet	# of Floors					
City (5) ELIZABETH		Bldg. Age						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE						
City, State, Zip Code MANASQUAN, NJ 08735		City, State, Zip Code TOTOWA, NJ 07612						
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2226	Telephone No. 973-955-8700					
License No. 00494								
Start Date (10) 11/9/2019	Scheduled Completion Date (11) 11/10/2019	Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 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 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	Encapsulation
KITCHEN		X	PIPE INSULATION	20 LF				
			(WRAP & CUT)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 11/10/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 11/8/2019		



INV# 15887  
CK9019 PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12b)

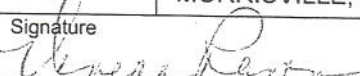
NOV 14 10 DAY 2019

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) MR. JORGE DELGADO				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Construction	Street Address [REDACTED] TEANECK, NJ, 07666				
Name of Facility Where Abatement is Taking Place (3) MR. JORGE DELGADO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-story (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
City (5) TEANECK		Square Feet 1800	6 of Floors 2			
County (6) BERGEN		Bldg. Age 1940				
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Contract Use (Prior if being demolished) RESIDENCE				
ASCM No.		Name of Abatement Contractor (9) Best Removal Inc				
Street Address [REDACTED]		Street Address 450 South River St				
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-329-7444				
Start Date (10) 11/12/19	Scheduled Completion Date (11) 11/13/19	License No. 00388				
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: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 3' or 2 3' R <input type="checkbox"/> 2 100' or 2 200' R		Street Address 280 Huyler St				
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code S. Hackensack, N.J. 07606				
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Working Procedures <input type="checkbox"/> Non-Enclosed (*) and Non-Viable Procedures						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Exclusively by Maintenance/ Custodial Staff (13) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VMT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
BASE FLOOR		THEATRAL SYSTEM INSULATION	55 LF	X		
Name of Registered Waste Handler Best Removal Inc		RJDEP Waste Handler ID No. 17109	City, State Hackensack, N.J. 07601	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 11/13/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO		Estimator [Signature]	Date 11/17/19			



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

Inv# 15876  
 CK 24536  
 PAID

Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          NOV 14 2019          ASBESTOS CONTROL &amp; LICENSING       </div>					
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 500 NORTH BROAD STREET			
		City, State, Zip Code ELIZABETH, NJ 07208		ASBESTOS CONTROL & LICENSING					
		Name of Contact LUIS MILANES		Telephone Number 908-436-5000					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MABEL G. HOLMES SCHOOL #5				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 720 CLARKSON AVENUE				Square Feet					
City (5) ELIZABETH				# of Floors					
County (6) UNION				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225		Telephone No. 973-956-8700					
Start Date (10) 11/9/2019		Scheduled Completion Date (11) 11/10/2019		License No. 00494					
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 SAME AS (9) ABOVE					
				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CLASSROOM 4B		X		PIPE INSULATION	5 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 1		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ		Disposal Date 11/10/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 11/8/2019			



11/08/2019 11:09

(FAX) 973 779 4409

P.002/004

Print Form

NOV 14 2019

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

OK 24536 PAJDD

Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) ELIZABETH PUBLIC SCHOOLS						
Agencies Notified	Type Notification	Street Address	City, State, Zip Code					
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 NORTH BROAD STREET	ELIZABETH, NJ 07208					
		Name of Contact	Telephone Number					
		LUIS MILANES	908-436-5000					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MABEL G. HOLMES SCHOOL #5		Type of Facility (4)						
Street Address 720 CLARKSON AVENUE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) ELIZABETH		Square Feet	# of Floors					
County (6) UNION		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE						
City, State, Zip Code MANASQUAN, NJ 08738		City, State, Zip Code TOTOWA, NJ 07612						
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-868-8700					
Start Date (10) 11/9/2019		Scheduled Completion Date (11) 11/10/2019	License No. 00494					
Name of OSHA Monitor SAME AS (9) ABOVE								
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 checked="" type="checkbox"/> x3 sf or x3 lf <input type="checkbox"/> x100 sf or x200 lf <input 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	Encapsulation
CLASSROOM 4B		X	PIPE INSULATION	5 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 11/10/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR			Signature <i>Viveca Ramos</i>		Date 11/8/2019	



34805

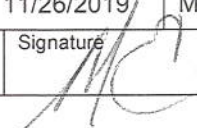
0000 RY28-414  
NOV 14 2019  
Telephone Number 02-594-6352  
Licensing



Check # 26011

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:50 and 42:120)

**Inv 16008**


Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) The Heller Group		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>NOV 14 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b>  <b>(973) 377-6000</b> </div>					
Agencies Notified		Street Address 180 Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Madison, NJ 07940							
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		Name of Contact Chris Hricko							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) Retail/ OfficeSpace				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 565 Pompton Ave				Square Feet 5000					
City (5) Cedar Grove, NJ				# of Floors 1					
County (6) Essex				Bldg. Age 60 +/-					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688 License No. 00493					
Start Date (10) 11/20/2019		Scheduled Completion Date (11) 11/25/2019		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Lower Level Office		X		VAT	350 sf	X			
Storage Area		X		Thermal Pipe Insulation	30 lf	X			
Crawl Sapce	X			Thermal Pipe Insulation	70 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ				Disposal Date 11/26/2019		City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 11/8/2019			



Inv-16006

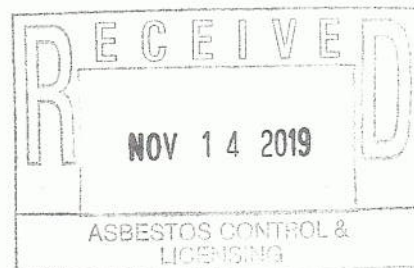
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:26-7 AND 12:120-7)

Check # 0172

Date of Notification (1) 06 / 19 / 19		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 14 2019 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410			
Type of Notification		Name of Contact		Telephone Number	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 5 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		KEITH PACKARD		201-794-4000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			Type of Facility (4)		
Street Address 2211 Route 208			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108			
Scheduled Start Date (10) 06 / 24 / 19		Sched. Completion Date (11) 06 / 23 / 20		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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 N C L O S U R
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKERY MEZZANINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	70 LF	<input checked="" 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 NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 11/13/19



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
BAKERY 1ST FLOOR HALL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT INSULATION	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY OREO KITCHEN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEZZANINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3RD FL MIXING	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	60 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"/>





Inv-16004

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

Check # 25725

Date of Notification (1) 11/11/2019		Name of Building Owner/Operator (2) Patel		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 14 2019  ASBESTOS CONTROL &amp;  Telephone Number: NSING </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Iselin, NJ 08830			
				Name of Contact Shirish Patel					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Iselin, NJ 08830				Square Feet 1800		# of Floors 2			
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Bldg. Age 70 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS			ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.				
Street Address PO Box 341					Street Address PO Box 322				
City, State, Zip Code Crosswicks, NJ 08515					City, State, Zip Code Allentown, NJ 08501				
Project Manager for Monitoring Firm Bill Weisgarber			Telephone No. 609 298-4070		Telephone No. 609 259-9688		License No. 00493		
Start Date (10) 11/22/2019		Scheduled Completion Date (11) 11/27/2019		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am - 4 pm				City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Duct Insulation	14 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ				Disposal Date 11/27/2019		City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 11/11/2019			



Check # 26012

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:20)

Inv-16003

Date of Notification (1) 11/12/2019		Name of Building Owner/Operator (2) Wittkop							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Medford, NJ 08055							
		Name of Contact Colin J. Wittkop	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Medford, NJ 08055		Square Feet 4000	# of Floors 3						
		Bldg. Age 160 +/-							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 11/22/2019	Scheduled Completion Date (11) 11/27/2019	Name of OSHA Monitor MECS							
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: 8am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Thermal Pipe Insulation	210 lf	X			
Crawl space	X			Thermal Pipe Insulation	24 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 11/27/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]			Date 11/12/2019		

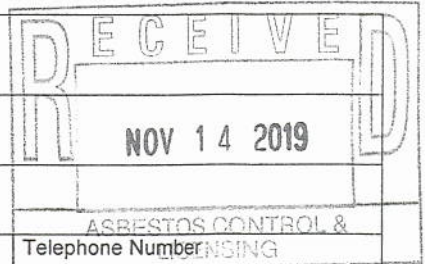
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Inv-16002

CHK # 3652

Date of Notification (1) 11 / 11 / 19		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta	
		Telephone Number 412-633-4021	



## FACILITY INFORMATION

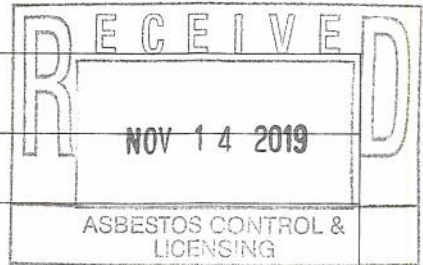
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 76-90 North Pearl Street		Square Feet 25,287	
City (5) Bridgeton		# of Floors 2	Bldg. Age +-50
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 11 / 21 / 19	Scheduled Completion Date (11) 11 / 22 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	35 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 11-11-19		



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



Date of Notification (1) 11 / 8 / 19		Name of Building Owner/Operator (2) ExxonMobil Research and Engineering	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Billingsport Rd.	
		City, State, Zip Code Paulsboro, NJ 08066	
		Name of Contact Allison Rodriguez	Telephone Number 856-224-3921

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Outside Tank Farm - Mutual Aid Pit		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 600 Billingsport Rd.			
City (5) Paulsboro, NJ 08066		Square Feet N/A	# of Floors N/A
		Bldg. Age 40+	
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Research	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 34 E. Germantown Pike #204		Street Address 550 East Union St.	
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Ray Giordano	Telephone No. 610-277-0405	Telephone No. 610-701-9000	License No. 00508
Start Date (10) 11 / 25 / 19	Scheduled Completion Date (11) 11 / 26 / 19	Name of OSHA Monitor EMI	
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: 7AM-3:30PM-AM		Street Address 34 E. Germantown Pike	
		City, State, Zip Code E. Norriton, PA 19401	

Scope of Work (Check all that apply)

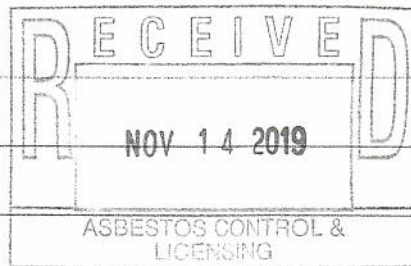
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Outside Valve Pit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Valve Gaskets	2 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 Waste Management		NJDEP Waste Hauler ID No. NJD0806313	Cubic Yards of Waste 1	Name of Registered Landfill Gloucester County	
City, State Paulsboro, NJ		Disposal Date TBD		City, State Swedesboro, NJ	
Completed By (Print or Type) Mark Griffin	Title Project Manager	Signature 		Date 11/8/19	



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



Date of Notification (1) 11/11/19		Name of Building Owner/Operator (2) Somerset Development							
Agencies Notified	Type Notification	Street Address 101 Crawfords Corner Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Holmdel, NJ 07733							
		Name of Contact Peter Tisdale	Telephone Number 908-670-1778						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Dannex Test Cell Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Passaic Ave.		Square Feet 65,000	# of Floors 70+						
City (5) Wood Ridge, NJ		Bldg. Age 70+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd. Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/26/19	Scheduled Completion Date (11) 1/16/20	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
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 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 Field			x	Roofing Material	65,000 sf	x			
Flashing on Roof			x	Roof Flashing	2,250 sf	x			
Transite Panels			x	Skylight panels	1,150sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1800	Name of Registered Landfill Blythe Recycling and Demolition site					
City, State Kinnelon, NJ		Disposal Date 1/16/20		City, State Blythe, PA					
Completed by John Mucha		Title Project Manager		Signature 			Date		



INV 15738  
CH 11840

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

**RECEIVED**  
NOV 14 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 5 / 19		Name of Building Owner/Operator (2) State of NJ Dept. of Human Services/ Job #1911-5557 Check #11840							
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 PO Box 700 City, State, Zip Code Trenton, NJ 08625 Name of Contact Tadeusz Wardencki Telephone Number 609-777-2084							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vineland Developmental Center North & Admin Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1676 East Landis Avenue		City (5) Vineland, NJ							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Rollie Jones	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 11 / 7 / 19	Scheduled Completion Date (11) 11 / 8 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Admin Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	7.5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/8/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 11-519		




NO CK




Date 11-6-79



RECEIVED  
NOV 14 2019  
1911-5559 Check #11841  
ASBESTOS CONTROL & LICENSING

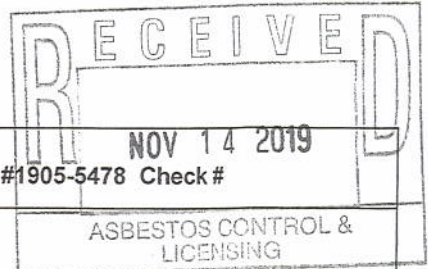
Date of Notification (1) <b>11 / 7 / 19</b>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1911-5559 Check #11841</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" 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>	ASBESTOS CONTROL & LICENSING 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>554 Cedar Road</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Readington Twp., NJ</b>		Current Use (Prior if being demolished) <b>Substation</b>							
County (6) <b>Hunterdon</b>	County Code (7)(STATE USE ONLY)								
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 <b>30 Maple Ave. PO Box 25</b>		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>11 / 13 / 19</b>	Scheduled Completion Date (11) <b>11 / 13 / 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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>16 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior Pole #UT12RGG5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos risers</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>11/13/19</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 				Date <b>11-7-19</b>			

RECEIVED  
NOV 14 2019  
1911-5560 Check #11842

Date of Notification (1) <div style="text-align: center;">11 / 7 / 19</div>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1911-5560 Check #11842</b>		NOV 14 2019					
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 <b>10 Legion Place- Building A</b>		ASBESTOS CONTROL & LICENSING				
			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>43 Scheri Lane</b>									
City (5) <b>Eatontown, NJ</b>				Square Feet	# of Floors				
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) <div style="text-align: center;">11 / 13 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 13 / 19</div>		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)									
<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</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
Exterior Utility Pole	<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>11/13/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>11-7-19</b>		



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



Date of Notification (1) <b>11 / 8 / 19</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority / Job #1905-5478 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>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 5050</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>Joe Johnson</b>	
		Telephone Number <b>(732) 750-5300</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Garden State Parkway - New Gretna Toll Plaza</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>Mile Post 51.5-53.9</b>			
City (5) <b>Bass River</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Toll Plaza</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>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00529</b>
Start Date (10) <b>11 / 4 / 19</b>	Scheduled Completion Date (11) <b>11 / 15 / 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>PM</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)

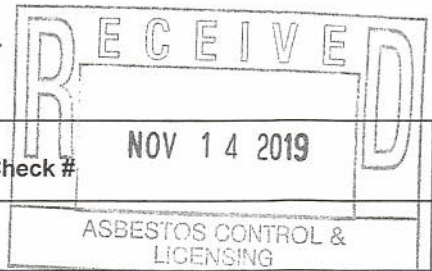
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <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
Lane 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Booth Table Tops	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior at base of booths 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Tar	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Raised Floor in booths	30 SF	<input checked="" 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>11/15/19</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>11-8-19</b>	



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



Date of Notification (1) 11 / 8 / 19		Name of Building Owner/Operator (2) USPS R&A East / Job #1910-5553 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Griffin Road North	
		City, State, Zip Code Windsor, CT 06006	
		Name of Contact Guy Gieb	Telephone Number 908-598-0813

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) USPS		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 39 Division Street		Square Feet	# of Floors
City (5) Somerville		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
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 / 1 / 19	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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

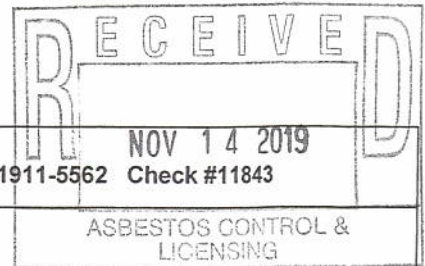
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing/Pitch Pocket Tar	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk around Louvre	22 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"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 11/29/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 11-8-19



Inv 15994  
CK 11843

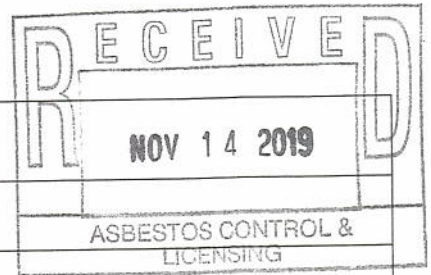
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>11</u> / <u>12</u> / <u>19</u>			Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1911-5562 Check #11843		
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>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>Intersection of Hetshorne Drive &amp; Ocean Avenue</b>				Square Feet	
City (5) <b>Sandy Hook, NJ</b>				# of Floors	
County (6) <b>Monmouth</b>				Bldg. Age	
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.		License No.	
		<b>609-265-2107</b>		<b>00529</b>	
Start Date (10) <u>11</u> / <u>21</u> / <u>19</u>		Scheduled Completion Date (11) <u>11</u> / <u>21</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 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) <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) <b>16 LF</b>
	Yes	No	N/A		
Exterior Pole #JC3330 MDT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/21/19</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>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 	
				Date <b>11-12-19</b>	

JNV 15980  
Ch 6180

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



Date of Notification (1) 11 / 08 / 19		Name of Building Owner/Operator (2) Anthony Giunta	
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 Matawan, NJ 07747	
		Name of Contact Anthony Giunta	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Giunta Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,809	# of Floors 2
City (5) Matawan		Bldg. Age 58	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 11 / 19 / 19	Scheduled Completion Date (11) 11 / 22 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

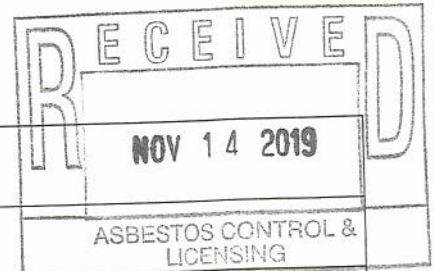
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room, Closets, Bedrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	522 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 11/22/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>	Date 11/8/19		



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

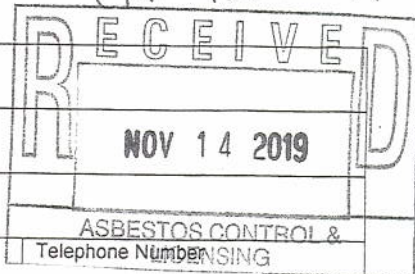


Date of Notification (1) <b>11 / 08 / 19</b>		Name of Building Owner/Operator (2) <b>Rutgers University Health &amp; Safety Office</b>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 <b>74 St 1603, Building 4115</b>		City, State, Zip Code <b>Piscataway, NJ 08854</b>		Telephone Number <b>848-445-2550</b>					
Name of Contact <b>Michael F. Smith, HSS</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rutgers University Camden Campus Science Building</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>315 Penn Street</b>				Square Feet <b>50,000</b>	# of Floors <b>4</b>				
City (5) <b>Camden</b>				Bldg. Age <b>60+</b>					
County (6) <b>Camden</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>ATC Group Services, LLC</b>		ASCM No. <b>00098</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>3 Terri Lane, Suite 4</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-479-8513</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>11 / 22 / 19</b>		Scheduled Completion Date (11) <b>11 / 25 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>5:00PM-5:00AM</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"/> ≥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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>400 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>005 Suite</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</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>11/25/2019</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>11/8/19</b>		

State of New Jersey  
**PAID**  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:120)

Inv 15695

ck# 1202



Date of Notification (1) 10/31/2019		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ  Name of Contact Justin Jincoi							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Jersey City NJ		Square Feet 2600	# of Floors 2						
County (6) Hudson County		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01384						
Start Date (10) 11/11/2019	Scheduled Completion Date (11) 11/17/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
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 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 roof			X	Roofing material	3200SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature		Date 10/31/2019			



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

ck# 1201

**RECEIVED**

NOV 14 2019

ASBESTOS CONTROL & LICENSING

**Inv 15636**

Date of Notification (1)  
10/30/2019

Name of Building Owner/Operator (2)  
Private Property

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA

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

Street Address  
[REDACTED]

City, State, Zip Code  
Guttenberg NJ

Name of Contact  
Justin Jincoi

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Private Property

Street Address  
[REDACTED]

City (5)  
Guttenberg NJ

County (6)  
Hudson County

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  
850

# of Floors  
2

Bldg. Age  
+50

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCN No.  
N/A

Name of Abatement Contractor (9)  
ACM Solutions Services LLC

Street Address  
N/A

Street Address  
1435 51st Street

City, State, Zip Code  
N/A

City, State, Zip Code  
North Bergen NJ 07047

Project Manager for Monitoring Firm  
N/A

Telephone No.

Telephone No.  
201-552-9685

License No.  
01384

Start Date (10)  
11/9/2019

Scheduled Completion Date (11)  
11/17/2019

Name of OSHA Monitor  
Iris Environmental Laboratories

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: 7:00 AM to 4:00 PM

Street Address  
2333 Route 22 West

City, State, Zip Code  
Union NJ 07803

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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	rear door	65SF	X			
Main Entrance Kitchen			X	linoleum	160 SF	X			
Main roof			X	Flashing	100LF	X			

Name of Registered Waste Hauler  
Newark Carting Inc

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste

Name of Registered Landfill  
ISES Bethlehem Rd Landfill

City, State  
Po Box 5670

Disposal Date

City, State  
2335 Applebutter Rd Bethlehem PA

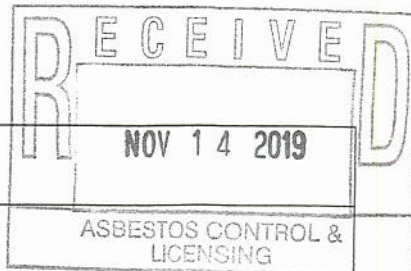
Completed by  
Galo Zumba

Title  
Principal

Signature  
*Galo Zumba*

Date  
10/30/2019

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 6 / 17 / 19		Name of Building Owner/Operator (2) Verizon		NOV 14 2019						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-11/1/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212						
		Name of Contact Anthony Porta		Telephone Number 412-633-4021						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Verizon Mullica Hill Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 9 Woodland Avenue			Square Feet							
City (5) Mullica Hill			# of Floors							
County (6) Gloucester			Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET								
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00509						
Start Date (10) 11 / 4 / 19		Scheduled Completion Date (11) 11 / 8 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM			Street Address 1123 BEAVER STREET							
			City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Upper & Lower Roofs		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor-Mechanical Yard		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date		City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jh			Date 11/1/19			



Inv 15851

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

Chk #2 : 3651

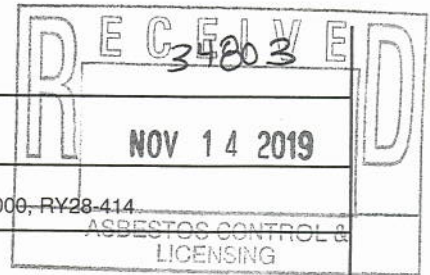
Date of Notification (1) <b>10 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">NOV 14 2019</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.7em;">ASBESTOS CONTROL &amp; LICENSING</div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2-11/7/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>250 Cheesequake Road</b> City, State, Zip Code <b>Parlin, NJ 08859</b> Name of Contact <b>Nichol Reinhold</b>			
						Telephone Number <b>732-613-2400</b>			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Bldg. 2004</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>250 Cheesequake Road</b>									
City (5) <b>Parlin</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>3 Terri Lane</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Burlington, NJ 08016</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>11 / 18 / 19</b>		Scheduled Completion Date (11) <b>11 / 22 / 19</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</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>7:00AM-3:30PM</b> / ____ PM - ____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	256 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>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>15 Cu Yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Bristol, PA 19007</b>				Disposal Date <b>11/22/19</b>	City, State <b>Fairless Hills, PA</b>				
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>11-7-19</b>			

 ASB-41  
 MAY 11 **GI19266**

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



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



Date of Notification (1)

11 / 7 /2019

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #6  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet

89,717

# of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 25 /19  
Month Day Year

Sched. Completion Date (11)

12 / 1 /19  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION COMPLETE	210 LF	X			
1ST FLOOR NORTH/SOUTH/WEST			X	PIPE INSULATION	1,120 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR EAST			X	PIPE INSULATION	320 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 42	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15						
City, State FREEHOLD, NEW JERSEY	Disposal Date 07/25-12/01/2019	City, State MONTGOMERY, PA 17752							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 11-7-19						



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

34731

Date of Notification (1)

10 / 23 /2019

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

NOV 14 2019

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet

89,717

# of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 25 /19  
Month Day Year

Sched. Completion Date (11)

12 / 1 /19  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION COMPLETE	210 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR NORTH/SOUTH/WEST			X	PIPE INSULATION	1,120 LF	X			

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

NJDEP Waste

Hauler ID No.

15939

Cubic Yards of Waste

40

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

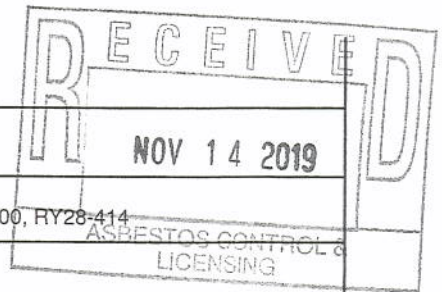
*[Signature]*

Date

10/23/19



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



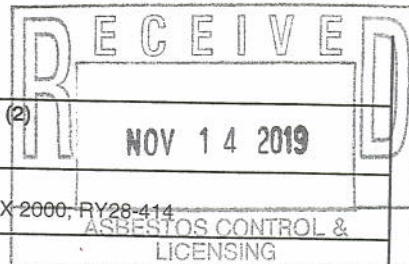
Date of Notification (1) 10 / 10 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 82
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 7 / 25 /19	Sched. Completion Date (11) 12 / 1 /19	Telephone Number 845-369-7500	License Number 1101
Month Day Year	Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code NEW YORK, NEW YORK 10016	
<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION COMPLETE	210 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33									
NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY		Disposal Date 07/25-12/01/2019		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/14/19			



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



Date of Notification (1) 9 / 17 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257	

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

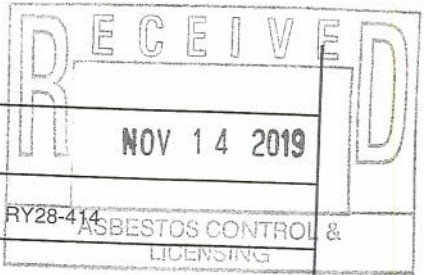
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 07/25-12/01/2019	City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9-17-19



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



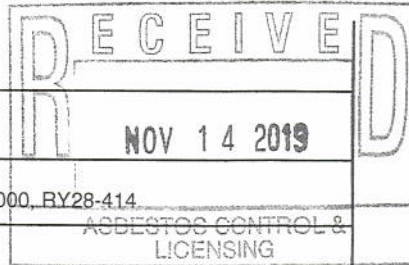
<b>Date of Notification (1)</b> 8 / 12 /2019		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-2257

<b>Facility Information</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<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 (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 60		<b>Square Feet</b> 89,717	<b># of Floors</b> 5
<b>City (5)</b> RAHWAY		<b>Bldg. Age</b> 82	
<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 973-729-5649		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 7 / 25 /19		<b>Sched. Completion Date (11)</b> 12 / 1 /19	
<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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encllo <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>
BASEMENT-SOUTHWEST CORNER		X	PIPE INSULATION & PIPE FITTINGS
ADDITION TO SCOPE: 2ND FLOOR NORTH WEST CORNER		X	PIPE INSULATION
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 40
<b>Disposal Date</b> 07/25-12/01/2019		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
		<b>Date</b> 8/12/19	



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



<b>Date of Notification (1)</b> 8 / 1 /2019		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-2257	

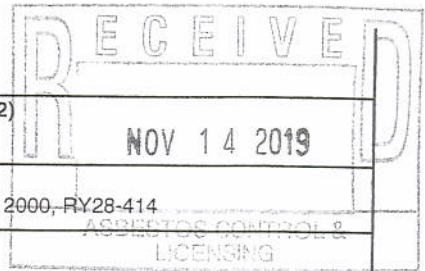
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 60		<b>Square Feet</b> 89,717	<b># of Floors</b> 5
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 7 / 25 /19		<b>Sched. Completion Date (11)</b> 12 / 1 /19	
<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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Street Address</b> 117 EAST 30TH STREET	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
2ND FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 40	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 8/1/19



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



<b>Date of Notification (1)</b> 7 / 16 /2019		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-2257

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<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 (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 60		<b>Square Feet</b> 89,717	<b># of Floors</b> 5
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Bldg. Age</b> 82
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901
<b>Expected State Date (10)</b> 7 / 25 /19	<b>Sched. Completion Date (11)</b> 12 / 1 /19	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<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 - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<b>Street Address</b> 117 EAST 30TH STREET	
		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	<b>NJDEP Waste Hauler ID No.</b> 15939			<b>Cubic Yards of Waste</b> 40	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
<b>City, State</b> FREEHOLD, NEW JERSEY				<b>Disposal Date</b> 07/25-12/01/2019	<b>City, State</b> MONTGOMERY, PA 17752				
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS			<b>Signature</b> 	<b>Date</b> 7/16/19				



CH 3188

INV-15884

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:20)

PAID

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/7/19		Name of Building Owner/Operator (2) Joseph Carannante						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Point Pleasant, NJ 08742						
Name of Contact Eric Plackis		Telephone Number [REDACTED]						
<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]		Square Feet 4000 # of Floors 2 Bldg. Age 65						
City (5) Point Pleasant		Current Use (Prior if being demolished) Retail						
County (6) Ocean		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address [REDACTED]		Street Address PO Box 915						
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723						
Project Manager for Monitoring Firm		Telephone No. 732-899-7499	License No. 01196					
Start Date (10) 11/7/19	Scheduled Completion Date (11) 11/29/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address [REDACTED]						
		City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥250 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
			X	asbestos floor tile	100SF	X		
				asbestos flat roofing	3200	X		
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 6	Name of Registered Landfill Grows North Landfill				
City, State Brick, NJ		Disposal Date 11/29/19		City, State Morrisville, PA				
Completed by Eric Plackis		Title President		Signature [Signature]		Date 11/29/19		



Inv 15473  
Ch 6/81

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

PAID

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NOV 14 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 08 / 19		Name of Building Owner/Operator (2) Marlene Hall	
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 Willingboro, NJ 08046	
		Name of Contact Marlene Hall	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hall Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Willingboro		Square Feet 2,056	# of Floors 2
		Bldg. Age 45	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 11 / 20 / 19	Scheduled Completion Date (11) 11 / 22 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	247 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 11/22/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>	Date 11-8-19		



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

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NOV 14 2019
ASBESTOS CONTROL & LICENSING

INV-15970  
CK3078

Date of Notification (1) <b>11/08/2019</b>		Name of Building Owner / Operator (2) <b>TOWER BEACON GARDENS LLC</b>	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>680 KINDERKAMACK ROAD SUITE 200</b> City, State & Zip Code <b>RIVER EDGE, NJ 07661</b> Name of Contact <b>David Dublirer</b> Telephone Number <b>201-322-4051</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Point Beach Apartments (Beacon Gardens Apartments)-Parking Lot-3E</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 <b>309 NJ Route 35</b>			Square Feet <b>Approx. 10,000+-</b>	# of Floors <b>2</b>	Bldg. Age <b>49</b>
City (5) <b>Point Pleasant Beach</b>	County (6) <b>Ocean</b>	County Code (7) <b>08742</b>	Current Use (Prior if being demolished) <b>Apartments</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	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>11/21/2019</b>		Scheduled Completion Date (11) <b>11/21/2019</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories, Inc.</b>	
Occupancy Status During Abatement (Check only one) <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: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>2333 Route 22 West</b> City, State & Zip Code <b>Union, NJ 07083</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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 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>Parking Lot/Grassy Area-Apartment 3E</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>10 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"/>

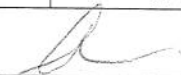
Name of Registered Waste Hauler <b>Resource Management Group, LLC</b>		NJDEP Waste Hauler ID No. <b>0035218</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ 08619</b>		Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>	Signature <i>Brian Haney</i>		Date <b>11/08/2019</b>



Inv 15904

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

Check 19488

Date of Notification (1) 11/8/19		Name of Building Owner/Operator (2) Jason Hopkins		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 14 2019 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input 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 Glen Ridge, NJ 07028 Name of Contact Jason Hopkins			
Telephone Number 									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Glen Ridge				Square Feet 1800	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age 80				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) home					
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) 11/19/19		Scheduled Completion Date (11) 11/28/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	10 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 11/8/19		



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

INV-15966

Check 19472

Date of Notification (1) 11/8/19		Name of Building Owner/Operator (2) 73 Irving EOM LLC							
Agencies Notified	Type Notification	Street Address 597 Myrtle Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brooklyn, NY 11205							
		Name of Contact David Shain	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1900	# of Floors 2						
City (5) Jersey City		Bldg. Age 76							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/18/19	Scheduled Completion Date (11) 11/28/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: roof, exterior siding, basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	150 SF	x			
exterior			x	siding	3,500 SF	x			
exterior			x	roof tar/flashing	70 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 11/8/19			



**PAID**

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:20-7)

Date of Notification (1) <b>11/7/2019</b>		Name of Building Owner/Operator (2) <b>Ed Hock</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 14 2019  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Upper Montclair, NJ, 07042</b>		
		Name of Contact <b>Ed Hock</b>	Telephone Number	

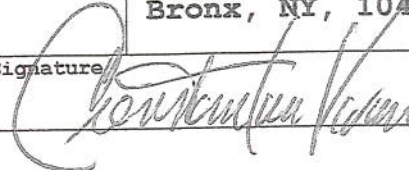
Name of Facility Where Abatement is Taking Place (3) <b>Ed Hock</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square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

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	Telephone Number	License Number
	<b>N/A</b>	<b>(973) 744-8800</b>	<b>00371</b>
Scheduled Start Date (10) <b>11-8-2019</b>	Sched. Completion Date (11) <b>11-12-2019</b>	Name of OSHA Monitor <b>N/A</b>	
Month Day Year	Month Day Year		
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)				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
<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					

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Boiler insulation</b>	<b>40 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Tri - State</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date	City, State <b>Bronx, NY, 10474</b>
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>11/7/2019</b>



2019-11-07 11:34

Shade Environmental 1 609-633 0664

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

**RECEIVED**

P 2/4

NOV 14 2019

ASBESTOS CONTROL & LICENSING

**IN 15884**  
**CH 171**

Date of Notification (1)  
 11 / 07 / 19

Name of Building Owned/Operator (2)  
 Phyllis Zur

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

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

Street Address  
 [REDACTED]  
 City, State, Zip Code  
 Highland Park, NJ 08904

Name of Contact  
 Phyllis Zur

Telephone Number  
 [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Zur Residence

Street Address  
 [REDACTED]

City (5)  
 Highland Park

County (6)  
 Middlesex

County Code (7) (STATE USE ONLY)  
 [REDACTED]

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

Square Feet  
 5,000

# of Floors  
 3

Bldg. Age  
 80

Current Use (Prior if being demolished)  
 Residence

Name of Monitoring Firm Hired by Building Owner (8)  
 Management & Enviro. Consulting Services

ASCM No.  
 [REDACTED]

Name of Abatement Contractor (9)  
 Shade Environmental, LLC

Street Address  
 623 Cutler Avenue

City, State, Zip Code  
 Maple Shade, NJ 08052

Project Manager for Monitoring Firm  
 Bill Weisgarber

Telephone No.  
 609-298-4070

Telephone No.  
 856-755-0089

License No.  
 00842

Start Date (10)  
 11 / 09 / 19

Scheduled Completion Date (11)  
 11 / 11 / 19

Name of OSHA Monitor  
 EMSL Analytical, Inc.

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement: \_\_\_\_\_ AM - \_\_\_\_\_ PM / \_\_\_\_\_ PM - \_\_\_\_\_ AM

Street Address  
 200 Route 130 North

City, State, Zip Code  
 Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf  
☐ ≥ 150 sf or ≥ 250 lf

☒ Renovation  
☐ Demolition

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

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

Name of Registered Waste Hauler  
 Freehold Cartage

NJDEP Waste Hauler ID No.  
 15839

Cubic Yards of Waste  
 1

Name of Registered Landfill  
 Fairless Landfill

City, State  
 Freehold, NJ

Disposal Date  
 11/11/2019

City, State  
 Morrisville, PA

Completed By (Print or Type)  
 Christina Fay

Title  
 Vice President of Operations

Signature  
 [Signature]

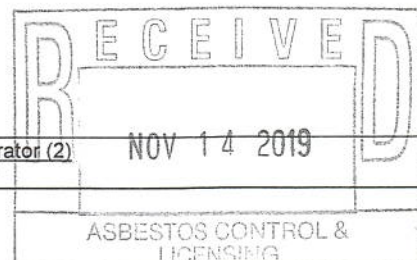
Date  
 11/9/19

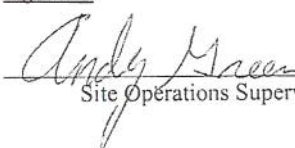
ASB-41  
 JAN 13

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



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)




<b>Date of Notification (1)</b> 10/3/19 Revised 10/9/19 - 2 <sup>ND</sup> Revision 10/23/19 3 <sup>RD</sup> Rev 11/7/19		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> ( ) Initial Notification (X) Amended Certification ( ) Cancelled ( ) Emergency	
<b>Street Address</b> 800 Billingsport Rd		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
<b>Name of Contact</b> Ravi Jarecha		<b>Tel. Number</b> 856-224-4444	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	
<b>Bldg. Age</b> N/A		<b>Current Use (prior if being demolished)</b> Oil Refinery	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Mansfield Industrial, Inc.
<b>Street Address</b>		<b>Street Address</b> 26 Colonial Ave	
		<b>City, State, Zip Code</b> Woodbury NJ 08096	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 10/21/19	<b>Scheduled Completion Date (11)</b> 10/25/19 Rev 10/28/19 + 11/8/19 + 11/29/19		<b>Name of OSHA Monitor</b> Mansfield Industrial, Inc.
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  (X) Other - Describe - Removal of ACM within restricted work area in outside areas		<b>Street Address</b> 26 Colonial Avenue	
		<b>City, State, Zip Code</b> Woodbury NJ 08096	
<b>Source of Work (Check all that apply)</b> ( ) Demolition (X) Renovation ( ) Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> _ YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
<b>Abatement Type</b> Rem. Rep. Encap Enclose			
Pipe Insul. North of MLDW Control Room	X	TSI - Pipe	Approx 40 LF
Pipe Insul EOM Blender area	X	TSI - Pipe	Approx 20 LF
Pipe Insul - Furf 2 North End	X	TSI - Pipe	Approx 30 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.		<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> <3 CY
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ
<b>Name of Reg. Landfill</b> Gloucester County Landfill			
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - Mansfield Industrial, Inc	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 11-7-19



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

NOV 14 2019

Date of Notification (1) 11/8/19		Name of Building Owner/Operator (2) Hantao Ji & Jennifer Xu Private Home							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008 Name of Contact Jeff							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hantao Ji & Jennifer Xu 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		Square Feet	# of Floors						
		1000+	2						
City (5) Long Beach Township 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.	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) 11/18/19	Scheduled Completion Date (11) 11/29/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ 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 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	800 SF	x			
Exterior Transite board				Transite board	950 SF	x			
bottom of the house									
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 11/29/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 11/8/19	