

# NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)

11 / 19 / 18

Name of Building Owner/Operator (2)

Ericka Chapman

Agencies Notified

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

Type Notification

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

Street Address

City, State, Zip Code

Atlantic City, NJ 08401

Name of Contact

Ericka Chapman

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Chapman Residence

Street Address

City (5)

Atlantic City

County (6)

Atlantic

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

1,500

# of Floors

3

Bldg. Age

73

Current Use (Prior if being demolished)

Residence

Name of Monitoring Firm Hired by Building Owner (8)

Management &amp; Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)

Shade Environmental, LLC

Street Address

PO Box 341

Street Address

623 Cutler Avenue

City, State, Zip Code

Chesterfield, NJ 08515

City, State, Zip Code

Maple Shade, NJ 08052

Project Manager for Monitoring Firm

Bill Weisgarber

Telephone No.

609-298-4070

Telephone No.

856-755-0099

License No.

00842

Start Date (10)

12 / 01 / 18

Scheduled Completion Date (11)

12 / 04 / 18

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  
☒ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of  
 Asbestos-Containing Material (ACM)  
TO BE ABATED  
 IN Facility  
 (13)

Is Location  
 Normally  
 Used Solely by  
 Maintenance/  
 Custodial Staff?  
 (12)

Yes No N/A

Description of  
 Asbestos Containing Material (ACM)  
 (i.e., thermal systems insulation,  
 surfacing, VAT, or  
 other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Kitchen

☐ ☒ ☐

Joint Compound

585 SF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste  
 Hauler ID No.  
 15939

Cubic Yards of  
 Waste  
 5

Name of Registered Landfill

Atlantic County Utilities Authority

City, State

Freehold, NJ

Disposal Date

12/04/2018

City, State

Egg Harbor Township, NJ

Completed By (Print or Type)

Christina Lynch

Title

Vice President of Operations

Signature

Date

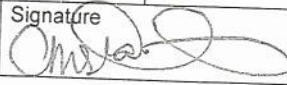
11/19/18

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

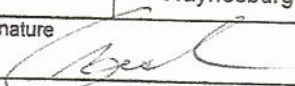
NOV 22 2018

Date of Notification (1) 11 / 19 / 18		Name of Building Owner/Operator (2) Jim Pirotti							
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 Bound Brook, NJ 08805							
Name of Contact Jim Pirotti		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pirotti 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 3,100							
City (5) Bound Brook		# of Floors 3							
County (6) Somerset		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-298-4070		Telephone No. 856-755-0099							
Start Date (10) 12 / 01 / 18		License No. 00842							
Scheduled Completion Date (11) 12 / 04 / 18		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							
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		City, State, Zip Code Cinnaminson, NJ 08077							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front Porch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	200 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 1		Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 12/04/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/19/18			



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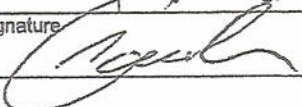
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) Colgate Palmolive							
Agencies Notified	Type Notification	Street Address 909 River Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Bruce Russell	Telephone Number 908-803-8863						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Colgate Palmolive		Type of Facility (4)							
Street Address 909 River Road		<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) Piscataway		Square Feet 200,000	# of Floors 2						
County (6) Middlesex		Bldg. Age 55							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc						
Street Address 28 N Pennell Road		Street Address 150 Glenwood Drive							
City, State, Zip Code Media, PA		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	Telephone No. 215-313-7427						
Start Date (10) 12/3/18		Scheduled Completion Date (11) 12/31/18	License No. 01225						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor same							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work in segregated area - 4 pm - 12 am</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
J/G Wing			X	Floor tile	5,500 SF	X			
J/G Wing			X	Floor tile mastic	5,500 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andre Gosek		Title Manager		Signature 		Date 11/19/2018			



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

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Date of Notification (1) 11-19-18		Name of Building Owner/Operator (2) Millennial Place		NOV 22 2018					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" 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		201 N. Front Street					
				City, State, Zip Code Camden, NJ 08102					
		Name of Contact Rebecca Rubnitz		Telephone Number 888-715-2211					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Millennial Place				Type of Facility (4)					
Street Address 201 N. Front Street				<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) Camden				Square Feet 56,000	# of Floors 8				
County (6) Camden				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental, Inc				ASCM No. _____					
Street Address 617 Stokes Road, Suite 4-318				Name of Abatement Contractor (9) ELCON Environmental, Inc					
City, State, Zip Code Medford, NJ 08055				Street Address 150 Glenwood Dr					
Project Manager for Monitoring Firm Rebecca Rubnitz				Telephone No. 887-152-2211	License No. 01225				
Start Date (10) 11-21-18		Scheduled Completion Date (11) 12-21-18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTACHED									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State New Castle, DE				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Andre Gosek		Title Manager		Signature 		Date 11-19-18			

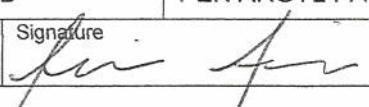


Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
6th Floor				Pipe insulation	468 LF	X			
5th Floor			X	Pipe insulation	454 LF	X			
4th Floor			X	Pipe insulation	504 LF	X			
3rd Floor			X	Pipe insulation	440 LF	X			
2nd Floor			X	Pipe insulation	140 LF	X			
1st Floor			X	Pipe insulation	260 LF	X			






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

Date of Notification (1) 11/18/2018 CHECK #88		Name of Building Owner/Operator (2) LIN ANDERSON							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code NEWARK, NJ 07106							
Name of Contact LIN ANDERSON		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.)							
City (5) NEWARK, NJ 07106		Square Feet 50X100	# of Floors 2						
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OCCUPAID						
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address [REDACTED]		Street Address 24 CHURCH ST							
City, State, Zip Code [REDACTED]		City, State, Zip Code ELMWOOD, NJ 07407							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 01301						
Start Date (10) 11/20/2018	Scheduled Completion Date (11) 11/21/18	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING 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: 7:30AM TO 3:30 PM		Street Address 24 CHURCH ST							
		City, State, Zip Code ELMWOOD, NJ 07407							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	10 LF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. [REDACTED]	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL		Disposal Date TDB		City, State PEN ARGYL PA18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 			Date 11/18/2018			



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CL# 1252

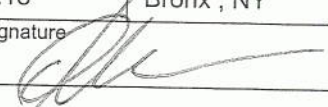
Date of Notification (1) <b>11/19/18</b>		Name of Building Owner/Operator (2) <b>Carla Morreale</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
	Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>								
	City, State, Zip Code <b>Maplewood, NJ 07040</b>								
	Name of Contact <b>Carla Morreale</b>								
Telephone Number <div style="background-color: black; height: 1.2em; width: 100%;"></div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>									
City (5) <b>Maplewood, NJ 07040</b>		Square Feet <b>1,406</b>	# of Floors <b>2</b>						
		Bldg. Age <b>90 +</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <div style="background-color: black; height: 1.2em; width: 100%;"></div>		ASCM No. <div style="background-color: black; height: 1.2em; width: 100%;"></div>	Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>						
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		Street Address <b>32 Willow Way</b>							
City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>		City, State, Zip Code <b>Woodland Park, NJ 07424</b>							
Project Manager for Monitoring Firm <div style="background-color: black; height: 1.2em; width: 100%;"></div>		Telephone No. <div style="background-color: black; height: 1.2em; width: 100%;"></div>	License No. <b>01331</b>						
Start Date (10) <b>12/01/18</b>		Scheduled Completion Date (11) <b>12/04/18</b>							
Name of OSHA Monitor <b>Envirovision Consultants, 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 <input checked="" type="checkbox"/> Other - Describe: <b>07:00 AM Start</b>		Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>							
		City, State, Zip Code <b>Fair Lawn, NJ 07410</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 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
<b>Basement</b>		X		<b>Asbestos containing Pipe Insulation</b>	<b>100 LF</b>	X			
<b>Basement</b>		X		<b>Drywall Ceiling</b>	<b>460 SF</b>	X			
<b>Basement</b>		X		<b>Vinyl Asbestos tile</b>	<b>100 SF</b>	X			
Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJDEP Waste Hauler ID No. <b>0035844</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Hills Landfill</b>				
City, State <b>Woodland Park, New Jersey</b>				Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>				
Completed by <b>Zhivko Nikolov</b>		Title <b>President</b>		Signature 			Date <b>11/19/18</b>		



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

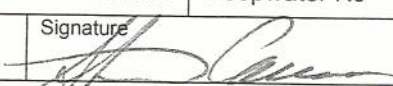
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NOV 22 2018

Date of Notification (1) 11.16.2018		Name of Building Owner/Operator (2) Great Oaks Charter School							
Agencies Notified	Type Notification	Street Address 909 Broad Street,							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Benjamin Carson	Telephone Number 862-256-0909						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Property at 13 Crawford st		Type of Facility (4)							
Street Address 13 Crawford st		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 3000	# of Floors 1						
County (6) Essex		Bldg. Age 50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) abandoned garage							
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No. 00104	Name of Abatement Contractor (9) Niram inc						
Street Address 655 West Shore Trail		Street Address 4 E frederick pl							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Cedar Knolls							
Project Manager for Monitoring Firm William Kerbel		Telephone No. 973-729- 5649	Telephone No. 973-299-4455						
License No. 01081									
Start Date (10) 11.26.18	Scheduled Completion Date (11) 12.07.18	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 checked="" type="checkbox"/> Other – Describe: <u>abandoned building not in service</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
main floor			X	pipe insulation	125 LF	X			
Name of Registered Waste Hauler Niram Inc		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste 3	Name of Registered Landfill Tristate Transfer					
City, State Cedar Knolls , NJ		Disposal Date 12.07.18		City, State Bronx , NY					
Completed by Marcin Owczarski		Title Pr. Mhgr	Signature 		Date 11.15.18				

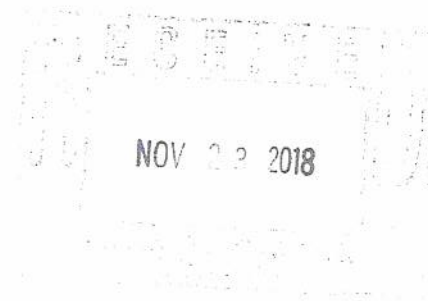
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
NOV 23 2018

Date of Notification (1) 11/20/2018		Name of Building Owner/Operator (2) The Chemours Company							
Agencies Notified	Type Notification	Street Address 1007 Market 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 checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wilmington, DE 19899							
		Name of Contact Jim Lacey	Telephone Number 856-540-2394						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg T3		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 Canal Road		Square Feet 18000	# of Floors 3						
City (5) Deepwater		Bldg. Age 65							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	License No. 00721						
Start Date (10) 08/20/2018	Scheduled Completion Date (11) 02/14/19	Name of OSHA Monitor Brandenburg							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 01/01/19-04/30/19		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
T3			X	Duct Mastic	2500 SF	X			
T3			X	Fire Doors	30 EA	X			
T3			X	VAT & Mastic	31,000 SF	X			
T3			X	Galbestos	100 SF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 300	Name of Registered Landfill Chemours Landfill/Salem Cty Landfill					
City, State Bethlehem, PA		Disposal Date 8/22/18-2/28/19		City, State Deepwater NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 11/20/2018			



Location	Description	Amount	REMOVAL
Building T-3	Cove Base & Mastic	400 SF	x
Building T-3	Lighting Gaskets	50 SF	x
Building T-3	Tar Mastic	80 LF	x
Building T-3	Pipe Insulation	6500 LF	x
Building T-3	Wallboard Adhesive	13900 SF	x
Building T-3	Counter Tops	2800 SF	x
Building T-3	Joint Compound	700 SF	x
Building T-3	Cloth Wrap	160 LF	x
Building T-3	Roof Flashing	100 LF	x
Building T-3	Roof Shingles	10000 SF	x
Building T-3	Sink Undercoating	105 SF	x
Building T-3	Transite	2250 SF	x



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

RECEIVED  
NOV 22 2018

Date of Notification (1) 11/20/18		Name of Building Owner/Operator (2) Merck US	
Agencies Notified	Type Notification	Street Address 126 E Lincoln Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07066	
		Name of Contact Angelo Piccolella	Telephone Number 732-423-4479

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Merck US		Type of Facility (4)	
Street Address 126 E Lincoln Ave		<input 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) Rahway	Square Feet NA	# of Floors NA	Bldg. Age NA
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Outdoor Piperack	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) <b>Advanced Specialty Contractors, LLC</b>
Street Address		Street Address <b>2400 Main Street Extension, Suite 10</b>	
City, State, Zip Code		City, State, Zip Code <b>Sayreville, NJ 08872</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-525-0100</b>	License No. <b>00750</b>
Start Date (10) 12/10/18	Scheduled Completion Date (11) 12/14/18	Name of OSHA Monitor Environmental Tactics	
Occupancy Status During Abatement (Check Only One)		Show Desktop.scf Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OUTDOOR WORK</u>		<b>64 Broad St</b>	
		City, State, Zip Code Matawan, NJ 07747	

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
				<input type="checkbox"/> Mini-Enclosure
				<input type="checkbox"/> Glovebag Procedure
				<input 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
East west Pipe rack near Bldg 28			X	Thermal Insulation Removal	15 LF	X			

Name of Registered Waste Hauler Freehold Cartage Inc.	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.
City, State Freehold, NJ	Disposal Date 12/14/18	City, State Morrisville, PA	
Completed by Michael Migliore	Title Sr Account Manager	Signature <i>Michael Migliore</i>	Date 11/20/18



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

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NOV 22 2018

Date of Notification (1) 11/10/2018		Name of Building Owner/Operator (2) Faileigh Dickinson University							
Agencies Notified	Type Notification	Street Address 1000 River Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07601							
		Name of Contact Craig Gorczyca	Telephone Number 973-560-1400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SCIENCE BUILDING		Type of Facility (4)							
Street Address 285 Madison Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Madison		Square Feet	# of Floors						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 5434 King Avenue		Street Address 208 Piaget Ave							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-253-8828						
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 11/23/2018	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Co. Inc							
<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: 4:00 PM		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
ROOM S-27		X		VAT/MASTIC	100 SF	X			
				TABLE TOPS	68 SF	X			
				TRANSITE PANELS	50 SF	X			
				PIPE FITTINGS	6 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski	Date 11/10/2018					



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

RECEIVED  
NOV 22 2018

Date of Notification (1) <div style="text-align: center;">11 / 20 / 18</div>		Name of Building Owner/Operator (2) <b>Lockhern Urban Renewal LLC, c/o Dr. F. Fang</b>							
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>PO Box 39</b> City, State, Zip Code <b>Livingston, NJ 07039</b>							
		Name of Contact <b>Don Laustsen</b>	Telephone Number <b>862-774-2633</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>450 Springfield Avenue</b>									
City (5) <b>Berkeley Heights, NJ</b>		Square Feet	# of Floors						
County (6) <b>Union</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>						
Start Date (10) <div style="text-align: center;">11 / 29 / 18</div>		License No. <b>1188</b>							
Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 18</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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- Above Entrance (Front)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Field Core	1,092 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Facade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking around Front Door	63 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking around Rear Door & Theater Door	42 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Expansion Joint	280 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>0283</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>11/20/18</b>			



NOV 23 2018

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

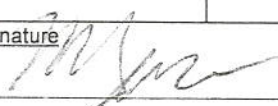
Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 11/20/18
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Date: 11/20/18

## State of New Jersey

## Notification of Asbestos Abatement

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

Date of Notification (1) 11/19/2018 # 28585		Name of Building Owner/Operator (2) Franklin Township Public Schools NOV 23 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 1755 Amwell Road		City, State, Zip Code Somerset, NJ 08873	
Name of Contact Albert Fico Principle		Telephone Number 732-746-0170	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hillcrest School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): School	
Street Address 500 Franklin Blvd			
City (5) Somerset	County (6) Somerset	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc.		ASCM No.	
Street Address P.O. Box 385		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
City, State, Zip Code Oceanville, NJ 08231-0385		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm Joe Capone		Telephone Number (609) 577-8803	License Number 01237
Scheduled Start Date (10) 11/26/18		Scheduled Completion Date (11) 12/17/18	
Name of OSHA Monitor IAQ GURU LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – 3:00-11:00pm Describe  <input type="checkbox"/> Other – Describe:		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply)			
<input checked="" 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior of Building	<input checked="" type="checkbox"/>	Exterior Brown Window Caulking	2100 lf
Exterior of Building	<input checked="" type="checkbox"/>	Window Sills / Stools	1162 Sf
Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
		Disposal Date	City, State Easton, PA
Completed by (Print or Type) Mark M Jovic	Title Environmental Projects Manager	Signature 	Date 11/19/18



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

Date of Notification (1)

11/19/2018

Name of Building Owner/Operator (2)

Dave Rogers

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ EMERGENCY  
☐ Cancellation

Street Address

City, State, Zip Code

Teaneck, NJ, 07666

Name of Contact

Dave Rogers

Telephone

NOV 23 2018

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Dave Rogers

Street Address

City

Teaneck

County

Bergen

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

11-30-18

Sched. Completion Date (11)

12-2-18

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ >160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely By Maintenance/Custodial Staff (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

R	R	E	E
E	E	N	N
M	P	C	C
O	A	A	L
V	I	P	O
A	R	S	S
L		U	U
		L	R
		.	E

Basement

X

Pipe Insulation

30 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 0.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

12/3/18

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

*Constantine Vivian*

Date

11/19/2018

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

EK1897

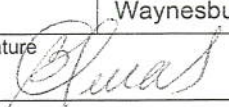
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NOV 22 2018

Date of Notification (1) 11-17-18		Name of Building Owner/Operator (2) Anthony Kosaka							
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 Morris Plain, NJ 07950  Name of Contact Anthony KosaKa  Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plain		Square Feet	# of Floors						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
Start Date (10) 11-26-18		Scheduled Completion Date (11) 11-28-18	License No. 01206						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 Am - 5:00 Pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
Basement		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 11-29-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature			Date 11-17-18		



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

Date of Notification (1) Nov-09-2018		Check #3277		Name of Building Owner/Operator (2) St Michael the Archangel Church					
Agencies Notified		Type Notification		Street Address 1212 Kelly Street					
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Union, NJ 07083  Name of Contact Tiago Rodriguez  Telephone Number 908-477-6933					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Michael the Archangel Church				Type of Facility (4)					
Street Address 1212 Kelly Street				<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) Union		County (6) UNION		Square Feet 40,000	# of Floors 1				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street		City, State, Zip Code Gutenberg, NJ 07093					
City, State, Zip Code		Telephone No. 201-295-1700		License No. 01074					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same as above					
Start Date (10) 11/10/18		Scheduled Completion Date (11) 11/10/18		Street Address					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Clean-up debris	15 SF	x			
Boiler Room	x			Boiler breaching	4 SF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 11/09/2018			

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

Clk# 1938

Date of Notification (1) 11/17/18		Name of Building Owner/Operator (2) East Newark Town Center LLC							
Agencies Notified	Type Notification	Street Address 900 Passaic Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, New Jersey							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 39		Type of Facility (4)							
Street Address 900 Passaic Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Newark		Square Feet 25,000	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 01/31/19	License No. 01255						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Harmony Contracting Inc							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		x		Floor Tile	300 SF	x			
4th Floor		x		Floor Tile	170 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill					
City, State Riverdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 11/17/18			



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

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NOV 23 2018

Date of Notification (1) 11/15/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Brunswick NJ 08901							
		Name of Contact Leticia Pantaleon							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Brunswick		Square Feet 1,260	# of Floors 2						
County (6) Middlesex		Bldg. Age 78							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
License No. 01316									
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 12/17/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	130 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature 			Date 11/15/2018			

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

CK98069

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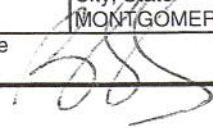
Date of Notification (1) 11/15/2018		Name of Building Owner/Operator (2) Ashland Incorporated							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Hercules Road							
		City, State, Zip Code Wilmington, DE 19805							
		Name of Contact Edward Meeks	Tel. Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility		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 1106 Harrison Ave		Square Feet	# of Floors						
City (5) Kearny, NJ 07032		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 11/30/2018	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe:		Street Address							
		City, State, Zip Code							
Source of Work (Check all that apply)  <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag 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
Between Building 714 and 720		X		Pipe Insulation Glove bag	100 LF	X			
				Wrap and Cut	450 LF				
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Company Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Melville, NY				
Completed by Roque G Schipilliti	Title Project Manager			Signature 		Date 11/15/2018			



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

CK 32954

<b>Date of Notification (1)</b> 11 / 16 /18		<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>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065						
<b>Type Notification</b>		<b>Telephone Number</b> 732-594-7746						
<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>Name of Contact</b> PATRICIA JOHNSON						
<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 80 L		<b>Square Feet</b> 15,000	<b># of Floors</b> 2					
<b>City (5)</b> RAHWAY		<b>Bldg. Age</b> 53						
<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI						
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL 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>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101					
<b>Expected State Date (10)</b> 10 / 5 /18	<b>Sched. Completion Date (11)</b> 1 / 5 /19	<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480						
<b>Occupancy Status During Abatement (Check only one)</b>		<b>Street Address</b> 117 EAST 30TH STREET						
<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: FRIDAY -SUNDAY 7AM-12AM		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016						
<b>Scope of Work (Check all that apply)</b>		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Mini Enclo , <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>		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
					REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR MER	X		DUCT INSULATION	3,600 SF	X			
ADDITION TO SCOPE:								
MER - LOWER	X		DUCT INSULATION	500 SF			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> 80	<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> 10/5 - 1/5/2019		<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> 11/16/18					



32682

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NOV 22 2018

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

Expected State Date (10)	Sched. Completion Date (11)
10 / 5 / 18	1 / 5 / 19
Month Day Year	Month Day Year

	Demolition	
	>3SF OR LF	
X	>160 SF OR	260 LF

X	Full Containment with Negative Pressure
	Mini Enclo ,
X	Glovebag Procedure
	Non-Friable Procedure

City, State  
MONTGOMERY, PA 17752

Date 9/21/18



K# 4677

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

NOV 23 2018

Date of Notification (1) <u>11-16-18</u>		Name of Building Owner/Operator (2) <u>F J WESNER</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code <u>OCEAN CITY</u>					
Name of Contact <u>F J WESNER</u>		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>				
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>				
Start Date (10) <u>11-26-18</u>		Scheduled Completion Date (11) <u>12-6-18</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>N/A</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1250</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C.M.C. MUA</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	City, State <u>WOODBINE NJ</u>				
Completed By <u>MICHAEL KLEW</u>		Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>11-16-18</u>			



CK # 4677

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

NOV 23 2018

Date of Notification (1) <u>11-16-18</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD NJ 08230</u>	
		Name of Contact <u>BRUCE</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>
City (5) <u>MARGATE</u>		Bldg. Age <u>50+</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>11-26-18</u>	Scheduled Completion Date (11) <u>12-6-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
	Amount (Specify SF or LF) <u>2250 SF</u>		
		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>ACUA</u>
		City, State <u>PLEASANTVILLE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-16-18</u>



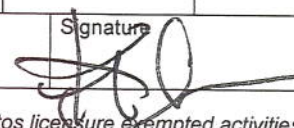
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 7148

Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) Chris Cornell Private Home							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Barnegat NJ 08005							
		Name of Contact Chris	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chris Cornell Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Barnegat NJ 08005		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
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							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 11/20/18		Scheduled Completion Date (11) 11/21/18	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding 2nd level			x	Exterior Siding	1000 Sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/21/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature			Date 11/19/18			

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

RECEIVED  
NOV 22 2018  
CHK. #NA

Date of Notification (1) <div style="text-align: center;">11 / 6 / 18</div>		Name of Building Owner/Operator (2) <b>Mathieu Nelessen</b> / Job #1811-2371							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Flemington, NJ 08822</b> Name of Contact <b>Mathieu</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1600 SF</b> # of Floors <b>1</b> Bldg. Age <b>65+-</b>							
City (5) <b>Flemington</b>		County Code (7)(STATE USE ONLY) <b>Hunterdon</b> Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>560 Sylvan Avenue, Suite 3065</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Englewood Cliffs, NJ 07632</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Stephen Janaczewski</b>		Telephone No. <b>201-569-6708</b>							
Start Date (10) <div style="text-align: center;">11 / 15 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 20 / 18</div>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor <b>EMSL Analytical, Inc.</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		Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
<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		<b>Enclosure</b>							
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	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Carpet	886 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>11/20/18</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>11-15-18</b>		

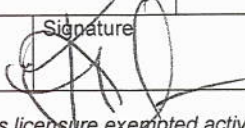


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

CK5184

PAID

NOV 23 2018

Date of Notification (1) 9 / 28 / 17			Name of Building Owner/Operator (2) HealthSouth Corporation			/ Job #1609-2116 Chk. #5184							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3360 Grandview Parkway, Suite 200			City, State, Zip Code Birmingham, AL						
				Name of Contact Elizabeth Mann		Telephone Number 205-970-7850							
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) HealthSouth Rehab Hospital of Toms River						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 14 Hospital Drive													
City (5) Toms River						Square Feet 84,619		# of Floors 3					
						Bldg. Age over 30							
County (6) Ocean			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Rehab Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Horizon			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address PO Box 316			Street Address 3859 Sylon Boulevard										
City, State, Zip Code Thorofare, NJ 08086			City, State, Zip Code Hainesport, NJ 08036										
Project Manager for Monitoring Firm Dave or Steve Flanigan			Telephone No. 856-848-0800		Telephone No. 609-702-0400		License No. 00862						
Start Date (10) 10 / 1 / 18			Scheduled Completion Date (11) 11 / 30 / 18			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 U.S. Route 130 North							
						City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Approx. Nine Rooms & Hallway			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Popcorn Ceiling		2,000 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Hallway			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Popcorn Ceiling		220 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAME AS ABOVE			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Floor Tile & Mastic		2500 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 Waste Management			NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central						
City, State Lafayette, NJ					Disposal Date 11/30/2018		City, State Penn Argyle, PA						
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator		Signature 				Date 11-14-18				



ON HOLD

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

RECEIVED  
NOV 14 2018

Date of Notification (1) <u>8</u> / <u>16</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>10-12 Commerce, LLC</b> / Job #1807-2327 NOV Chk. #NA018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 Commerce Drive</b>	
		City, State, Zip Code <b>Cranford, NJ 07016</b>	
		Name of Contact <b>Charles A. Wojcik</b>	Telephone Number <b>212-470-5200</b>

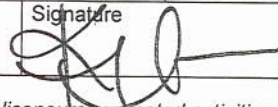
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>10-12 Commerce</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>10-12 Commerce Drive</b>			
City (5) <b>Cranford</b>	Square Feet <b>72000</b>	# of Floors <b>2</b>	Bldg. Age <b>50</b>
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>GEI</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>300 Broadacres Drive</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Bloomfield, NJ</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Margaret Halasnik</b>		Telephone No. <b>973-873-7110</b>	License No. <b>00862</b>
Start Date (10) <u>8</u> / <u>27</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>30</u> / <u>18</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Full Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with Shot Blast for Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plus additional notif fee per Peter A.	<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>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>12/30/18</b>		City, State <b>Penn Argyle, PA</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 		Date <b>11-14-18</b>	



PAID

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

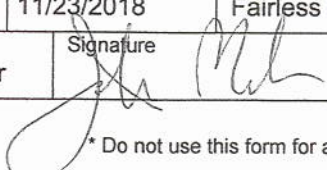
CHK# 3472

Date of Notification (1) <b>11 / 19 / 18</b>		Name of Building Owner/Operator (2) <b>Verizon New Jersey Inc</b>							
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 <b>15 East Montgomery St</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact	Telephone Number <b>412-633-4021</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Turnersville Work Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>132 Jarvis Road</b>									
City (5) <b>Sicklerville</b>		Square Feet <b>+10,000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>+50</b>							
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, Nj 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Kris Smith</b>	Telephone No. <b>609-313-8218</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>12 / 3 / 18</b>	Scheduled Completion Date (11) <b>12 / 6 / 18</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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
Work Center Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Center Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro/gm</i>				Date <b>11-19-18</b>			



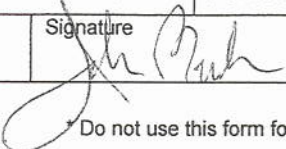
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

NOV 23 2018

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08646							
		Name of Contact Regina Bruno	Telephone Number 609-433-8743						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood 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 25 Bayshore Ave		Square Feet 3000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Former Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc							
Street Address		Street Address 135 Kinnelon Road 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) 11/19/2018	Scheduled Completion Date (11) 11/23/2018	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 Road 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			X	Flashing	100sf	X			
Exterior Walls			X	Transite Siding	4500sf	X			
Underground			X	Subterranean Vapor Barrier	1400sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 160 cy	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 11/23/2018		City, State Fairless Hills, NJ					
Completed by John Mucha		Title AHERA Project Designer	Signature 			Date 11/19/2018			

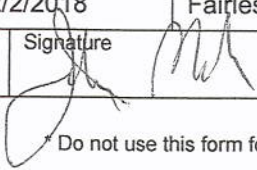


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC		NOV 23 2018					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08646					
		Name of Contact Regina Bruno		Telephone Number 609-433-8743					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood Home				Type of Facility (4)					
Street Address 30 Bayshore Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Old Bridge		Square Feet 1200		# of Floors 1	Bldg. Age 70				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Former Residence					
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 Road Suite 102					
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 11/21/2018		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Road Suite 102					
<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 Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls & Windows			X	Caulking	280lf	X			
Exterior Walls			X	Barrier Behind Siding	2200sf	X			
Interior			X	Mastic under paneling, ceramic flr	1450sf	X			
Flu & Chimney			X		18sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 60 cy	Name of Registered Landfill Waste Management Fairless				
City, State Kinnelon, NJ				Disposal Date 11/23/2018	City, State Fairless Hills, NJ				
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			



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

Date of Notification (1) 1/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC		NOV 23 2018					
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street  City, State, Zip Code Trenton, NJ 08646  Name of Contact Regina Bruno  Telephone Number 609-433-8743					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood 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 75 Raritan Blvd				Square Feet 3000 # of Floors 2 Bldg. Age 50+					
City (5) Old Bridge		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Abandoned Former Residence					
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 Road Suite 102					
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880 License No. 01228					
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 12/2/2018		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 Road 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) <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
Foundation			X	Subterranean Barrier	480sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 40 cy	Name of Registered Landfill Waste Management Fairless				
City, State Kinnelon, NJ				Disposal Date 12/2/2018	City, State Fairless Hills, NJ				
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			



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

**NOCK**

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC		NOV 23 2018					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08646					
		Name of Contact Regina Bruno		Telephone Number 609-433-8743					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood Home				Type of Facility (4)					
Street Address 21 Bayshore Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Old Bridge				Square Feet 1000	# of Floors 2				
County (6) Middlesex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Former Residence							
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 Road Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 12/2/2018		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Road Suite 102					
<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 Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Lower Roof	100sf	X			
Chimney Flashing			X	Roof Chimney	10sf	X			
Transite Siding			X	Transite Siding	2550sf	X			
Underground			X	Subterranean Vapor Barrier	900sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 90 cy	Name of Registered Landfill Waste Management Fairless				
City, State Kinnelon, NJ				Disposal Date 12/2/2018	City, State Fairless Hills, NJ				
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			



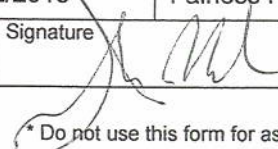
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
NOV 23 2018

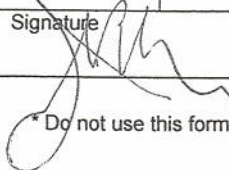
Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08646							
		Name of Contact Regina Bruno	Telephone Number 609-433-8743						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood Home		Type of Facility (4)							
Street Address 17 Bayshore Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Old Bridge		Square Feet 1000	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Abandoned Former Residence							
Street Address		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc							
City, State, Zip Code		Street Address 135 Kinnelon Road Suite 102							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/19/2018	Scheduled Completion Date (11) 12/2/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road Suite 102							
<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 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof			X	Chimney Flashing	25sf	X			
Exterior Walls			X	Transite Siding	2100sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 8 cy	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ			Disposal Date 12/2/2018	City, State Fairless Hills, NJ					
Completed by John Mucha		Title AHERA Project Designer	Signature	Date 11/19/2018					



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

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC		NOV 23 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street  City, State, Zip Code Trenton, NJ 08646  Name of Contact Regina Bruno  Telephone Number 609-433-8743					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood 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 17 Appleby St				Square Feet 1200 # of Floors 2 Bldg. Age 50+					
City (5) Old Bridge		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Abandoned Former Residence					
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 Road Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880 License No. 01228					
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 12/2/2018		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 Road 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Rear Roof	500sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 8 cy		Name of Registered Landfill Waste Management Fairless			
City, State Kinnelon, NJ				Disposal Date 12/2/2018		City, State Fairless Hills, NJ			
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			

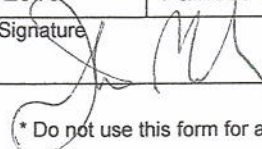
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC		NOV 23 2018					
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08646		Telephone Number 609-433-8743					
		Name of Contact Regina Bruno							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood Home			Type of Facility (4)						
Street Address 37 Cliffwood Way			<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) Old Bridge			Square Feet 900	# of Floors 1	Bldg. Age 70+				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned Former Residence					
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 Road Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 12/2/2018		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 135 Kinnelon Road Suite 102						
<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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof	1300sf	X			
Roof			X	Caulk on roof seams	30lf	X			
Roof			X	Chimney flashing	10sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 40 cy	Name of Registered Landfill Waste Management Fairless				
City, State Kinnelon, NJ				Disposal Date 12/2/2018	City, State Fairless Hills, NJ				
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			



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

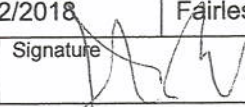
**CK-0053 PAID**

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08646							
		Name of Contact Regina Bruno	Telephone Number 609-433-8743						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood 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 10 Shoreline Ave		Square Feet 2000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 70+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Former Residence							
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 Road 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) 11/19/2018	Scheduled Completion Date (11) 12/2/2018	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 Road Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Chimney Flashing	10sf	X			
Exterior Walls			X	Transite Siding	2500sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40 cy	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 12/2/2018		City, State Fairless Hills, NJ					
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 11/19/2018			



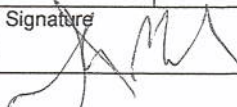
PAID

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

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08646							
		Name of Contact Regina Bruno	Telephone Number 609-433-8743						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood 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 39 Cliffwood Way		Square Feet 1600	# of Floors 1						
City (5) Old Bridge		Bldg. Age 70+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Former Residence							
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 Road 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) 11/19/2018	Scheduled Completion Date (11) 12/2/2018	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 Road 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) <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
Windows			X	Window Caulk	220lf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20 cy	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 12/2/2018		City, State Fairless Hills, NJ					
Completed by John Mucha		Title AHERA Project Designer		Signature 			Date 11/19/2018		



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

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC							
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	33 West State Street							
		City, State, Zip Code Trenton, NJ 08646							
		Name of Contact Regina Bruno	Telephone Number 609-433-8743						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Former Flood Home		Type of Facility (4)							
Street Address 28 Bayshore Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Old Bridge		Square Feet 3000	# of Floors 2						
		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Former Residence							
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 Road Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/19/2018	Scheduled Completion Date (11) 12/2/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
First Floor Inside			X	Popcorn Ceiling	1000sf	X			
Roof			X	Chimney Flashing	10sf	X			
Exterior Walls			X	Transite Siding	3900sf	X			
						X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80 cy	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ			Disposal Date 12/2/2018	City, State Fairless Hills, NJ					
Completed by John Mucha		Title AHERA Project Designer	Signature 	Date 11/19/2018					

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

CK 10792

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NOV 23 2018

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> <span>11</span> <span>/</span> <span>20</span> <span>/</span> <span>18</span> </div>		Name of Building Owner/Operator (2) <b>TBD / Job #1811-5411 Check #10792</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Spring Lake Heights Pump Station</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>506 6<sup>th</sup> Avenue</b>			
City (5) <b>Spring Lake</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Pump Station</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="display: flex; justify-content: space-around;"> <span>12</span> <span>/</span> <span>3</span> <span>/</span> <span>18</span> </div>	Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;"> <span>12</span> <span>/</span> <span>7</span> <span>/</span> <span>18</span> </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)
 

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  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
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	700	<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>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/7/18</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>11/20/18</b>



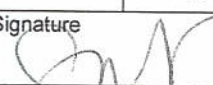
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

CK10760

**PAID**

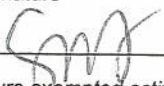
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NOV 22 2018

Date of Notification (1) <b>11 / 20 / 18</b>		Name of Building Owner/Operator (2) <b>TBD / Job #1811-5411 Check #10760</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Spring Lake Heights Pump Station</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>550 Jersey Avenue</b>		Square Feet	# of Floors						
City (5) <b>Spring Lake</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Pump Station</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>12 / 3 / 18</b>	Scheduled Completion Date (11) <b>12 / 7 / 18</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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	700	<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>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/7/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>11/20/18</b>		

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

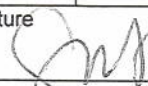
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Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) Verizon Communications / Job #1810-5387 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Carol Soukup Telephone Number 856-429-2231							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon- Woodbury CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 24 Curtis Avenue		Square Feet							
City (5) Woodbury, NJ 08096		# of Floors							
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.							
Street Address 8436 Enterprise Ave.		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 215-365-5810		Telephone No. 609-265-2107							
License No. 00529									
Start Date (10) 11 / 5 / 18		Scheduled Completion Date (11) 11 / 30 / 18							
Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Penthouse Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Paint Roof Flashing	440 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel Stop	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Paint Roof Flashing	1,252 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 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 11/30/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11-21-18			



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

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Date of Notification (1) 11 / 20 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1811-5412 Check #10793							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Irving Silverman	Telephone Number 978-490-6930						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Asbury Park		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 10 5 <sup>th</sup> Avenue									
City (5) Asbury Park, NJ		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & health, Inc.		ASCM No.							
Street Address 140 S. Village Ave. Suite 130		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Exton, PA 19341		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	License No. 00529						
Start Date (10) 11 / 27 / 18	Scheduled Completion Date (11) 11 / 27 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 11/27/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 11/27/18			



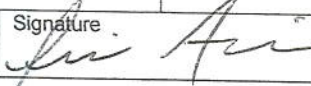
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*WOCK*

Date of Notification (1) <div style="text-align: center;">11 / 15 / 18</div>		Name of Building Owner/Operator (2) <b>Pinelands Regional School District / Job #1808-5359 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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>520 Nugentown Road</b>							
		City, State, Zip Code <b>Little Egg Harbor, NJ</b>							
		Name of Contact <b>Kevin MacDonald</b>	Telephone Number <b>856-662-9500</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pinelands Junior High School</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>590 Nugentown Road</b>		Square Feet	# of Floors						
City (5) <b>Little Egg Harbor, NJ</b>		Bldg. Age							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">8 / 22 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 30 / 18</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)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various Bathroom/Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom fixture caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	400 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 <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>11/30/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>gmt</i>		Date <b>11-15-18</b>			



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

Date of Notification (1) 11/18/2018 CHECK #89		Name of Building Owner/Operator (2) DAN O'DONNELL		NOV 23 2018					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [REDACTED] City, State, Zip Code LEONIA, NJ 07605					
		Name of Contact DAN O'DONNELL		Telephone Number					
<b>FACILITY INFORMATION</b>									
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) LEONIA, NJ 07605				Square Feet 50X100	# of Floors 2				
County (6) BERGEN				Bldg. Age 60 YEARS					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OCCUPAID							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC					
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD, NJ 07407							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 873-9418	License No. 01301				
Start Date (10) 11/21/2018		Scheduled Completion Date (11) 11/22/18		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC					
Occupancy Status During Abatement (Check Only One)				Street Address 24 CHURCH ST					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30AM TO 3:30 PM				City, State, Zip Code ELMWOOD, NJ 07407					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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		PLASTER DEBRIS	120 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL		Disposal Date TDB		City, State PEN ARGYL PA18072					
Completed by LUIS ARCILA		Title PRESIDENT		Signature 		Date 11/18/2018			