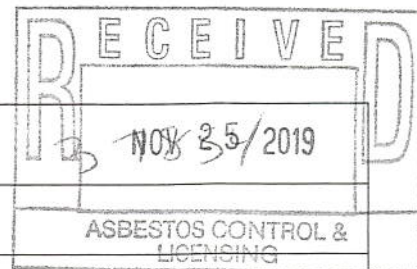


Check # 37854

PAID

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



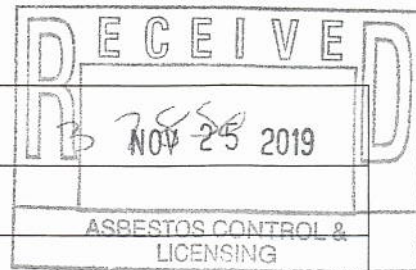
Date of Notification (1) 11 / 21 / 19		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188 City, State, Zip Code Spring Lake, NJ 07762 Name of Contact Richard Hyde Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 800							
City (5) Manasquan		# of Floors 1	Bldg. Age 65						
County (6) Monmouth		County Code (7)(STATE USE ONLY) 08736							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 12 / 02 / 19	Scheduled Completion Date (11) 12 / 03 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 12/3/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 11/21/19			

Inv. # 16253

Check # 37850

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



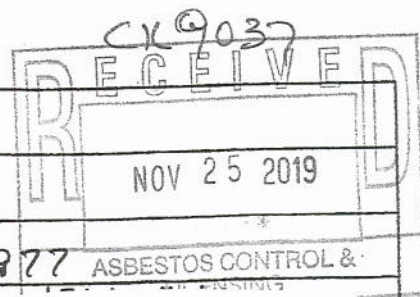
Date of Notification (1) 11 / 21 / 19		Name of Building Owner/Operator (2) Denise Mylowe							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input 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 Ewing, NJ 08618							
		Name of Contact Denise Mylowe	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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] 08618									
City (5) Ewing		Square Feet 2000	# of Floors 2						
		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 12 / 09 / 19	Scheduled Completion Date (11) 12 / 10 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
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
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	140 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 12/10/19	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature [Signature]			Date 11/24/19			

Inv # 110258



# PAID

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



Date of Notification (1) <b>11/19/19</b>		Name of Building Owner/Operator (2) <b>MR RON NELSON</b>						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]						
		City, State, Zip Code <b>PEARL, NJ. 07977</b>						
		Name of Contact <b>MR NELSON</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MR RON NELSON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) <b>PEARL</b>	County (6) <b>SOMERSET</b>	Square Feet <b>14166</b>	# of Floors <b>3</b>					
	County Code (7) (STATE USE ONLY) <b>07981</b>	Bldg. Age <b>1927</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River St</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>12/9/19</b>	Scheduled Completion Date (11) <b>12/18/19</b>	Name of OSHA Monitor <b>Omega Environmental</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>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>						
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</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 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	NA			Removal	Repair	Encapsulate
<b>BASEMENT</b>			<input checked="" type="checkbox"/>	<b>THERMAL SYSTEM INSULATION</b>	<b>125LF</b>	<input checked="" type="checkbox"/>		
<b>ATTIC</b>			<input checked="" type="checkbox"/>	<b>THERMAL SURFACING INSULATION</b>	<b>455SF</b>	<input checked="" type="checkbox"/>		
<b>CRAWL SPACE / STABLES</b>			<input checked="" type="checkbox"/>	<b>THERMAL SYSTEM INSULATION</b>	<b>425LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>202</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>				
City, State <b>Hackensack, N.J. 07601</b>			Disposal Date <b>12/19/19</b>	City, State <b>NEWBURGH, PA. 17240</b>				
Completed by <b>J. MAIORANO</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>			Date <b>11/19/19</b>			

ASB-41

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

Inv. # 16051



**PAID**

Acme Professional Services Corp

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

000023-031207607 8066519055

Check # 003

NOV 25 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 20 / 2019		Name of Building Owner/Operator (2) Marnie Kudon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	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 Montclair, NJ 07042 Name of Contact Marnie Kudon Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kudon 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 2,200							
City (5) Montclair		# of Floors 3							
County (6) Essex		Bldg. Age 95							
County Code (7) (STATE USE ONLY) 0713		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address N/A		Name of Abatement Contractor (9) Acme Professional Services Corp							
City, State, Zip Code N/A		Street Address 550 Rifle Camp Rd							
Project Manager for Monitoring Firm N/A		City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. N/A		Telephone No. 973-938-5286							
Start Date (10) 11 / 20 / 2019		License No. 02003							
Scheduled Completion Date (11) 11 / 27 / 2019		Name of OSHA Monitor Arsenije Adamov							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 550 Rifle Camp Rd							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Pipe and fitting insulation	30LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Panel insulation	30SF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0036178		Cubic Yards of Waste 3 cubic yards		Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, NJ		Disposal Date 11/25/19		City, State Morrisville PA					
Completed By (Print or Type) Arsenije Adamov		Title President		Signature Arsenije Adamov		Date 11/20/19			

ASB-41  
JAN 13

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

Inv. # 16166



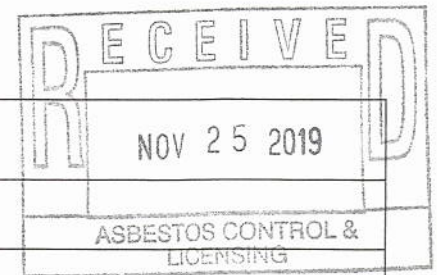
No Check



ASB-41  
JAN 13

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





Date of Notification (1) 11 / 19 / 19		Name of Building Owner/Operator (2) Robert Pope	
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 Pennsville, NJ 08070 Name of Contact Robert Pope Telephone Number 	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Pope Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [Redacted]		Square Feet 1,629	# of Floors 2
City (5) Pennsville 08070		Bldg. Age 59	
County (6) Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 11 / 29 / 19	Scheduled Completion Date (11) 12 / 02 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Laundry Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	110 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 12/02/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>	Date 11/19/19		



11/20/2019 01:44PM 2013297440

BEST REMOVAL INC

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PAGE 02/04

**PAID**

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

Date of Notification (1) <b>11/20/19</b>		Name of Building Owner/Owner (2) <b>TRINITY PRESBYTERIAN CHURCH</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Renewal <input type="checkbox"/> Emergency (including Impairment) <input type="checkbox"/> Consultation	Street Address <b>S HIGH ST</b> City, State, Zip Code <b>MONTCLAIR, N.J. 07042</b>	
		Name of Contact <b>MS. FLORENCE DENTINO</b>	Telephone Number <b>973-744-3396</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>TRINITY PRESBYTERIAN CHURCH</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>S HIGH ST</b>		Capacity Feet <b>5000</b>	5 of Floors <b>2</b>
City (5) <b>MONTCLAIR</b>		Bldg. Age <b>1930</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>11/21/19</b>	Scheduled Completion Date (11) <b>11/22/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Competency Statement 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: <b>8 PM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 1/2 ft or 2 3/4 ft <input type="checkbox"/> 2 1/2 ft or 2 3/4 ft <input type="checkbox"/> 2 1/2 ft or 2 3/4 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> High-Containment <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Hot-Weathering (C) and Non-Flammable Procedures			
Location of Asbestos-Containing Materials (ACM) <b>TO BE ABATED</b> in Facility (12)	Is Location Normally Used Weekly by Maintenance/Custodial Staff? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e. Thermal system insulation, vermiculite, MAT, or other miscellaneous)	Amount (Specify SF or LF)
<b>BASEMENT/BOILER ROOM</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>25 LF</b>
Name of Registered Waste Handler <b>Best Removal Inc</b>		NACEP Waste Handler ID No. <b>17109</b>	Volume of Waste <b>2-7</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11/22/19</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b> City, State <b>NEW BURG, PA. 17240</b>
Completed by <b>J. MALORANO</b>	Estimator <b>J. Malorano</b>	Date <b>11/20/19</b>	

AS2-41

\* Do not use this form for asbestos removal emergency abatement.

Inv. # 16164



PAID

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

Check 1166

RECEIVED  
NOV 25 2019  
CONTROL & 3

Date of Notification (1) 11/18/2019		Name of Building Owner/Operator (2) Patrick Moroney							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Andover, NJ 07821							
		Name of Contact Patrick Moroney							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Andover		Square Feet 1,064	# of Floors 1						
County (6) Sussex		Bldg. Age 1975							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Danvic Contracting LLC							
City, State, Zip Code		Street Address 240 South 5th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07206							
Telephone No.		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 12/02/2019	Scheduled Completion Date (11) 12/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			X	Vermiculite Insulation	1,100 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jemy Donneys		Title Owner	Signature 			Date 11/18/2019			

Inv. # 16849



PAID

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

Check 19538

Date of Notification (1) 11/19/19		Name of Building Owner/Operator (2) Lisa Defranco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Lisa Defranco	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) Morristown		Bldg. Age 82							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 12/7/19	Scheduled Completion Date (11) 12/14/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		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 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
basement			x	pipe insulation	70 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 11/19/19		

Inv. # 16248

PAID

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

Check 19537

Date of Notification (1) 11/19/19		Name of Building Owner/Operator (2) Ronan Curran		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 25 2019 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Westfield, NJ 07090  Name of Contact Mohammed Ghani			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Westfield		County (6) Union		Square Feet 1700	# of Floors 2				
		County Code (7) (STATE USE ONLY) 07090		Bldg. Age 78					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 12/3/19		Scheduled Completion Date (11) 12/13/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			x	siding	1,500 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater, NJ				Disposal Date TBD	City, State Easton, PA				
Completed by A. Scott Higgins		Title President		Signature			Date 11/19/19		

Inv. # 16247



PAID

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

Check 19535

Date of Notification (1) 11/19/19		Name of Building Owner/Operator (2) Mary Hicks		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 25 2019  ASBESTOS CONTROL &amp;  Telephone Number: </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parlin, NJ 08859 Name of Contact Mary Hicks							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Parlin			Square Feet 1100	# of Floors 2	Bldg. Age 80				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 12/2/19		Scheduled Completion Date (11) 12/13/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: kitchen floor				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	floor tile	208 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 11/19/19			

Inv. # 10013



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

NOCK

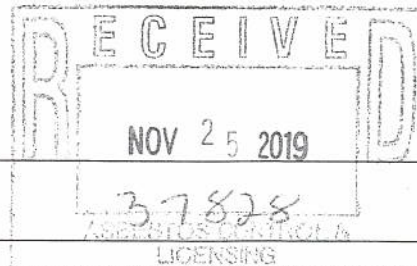
**RECEIVED**  
NOV 25 2019

Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) MS. JUDITH WEINSTEIN							
Agency 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 ENGLEWOOD, NJ. 07631							
		Name of Contact MS. WEINSTEIN							
Telephone Number [REDACTED]									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MS. JUDY WEINSTEIN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) ENGLEWOOD	Square Feet 2500	# of Floors 2	Bldg. Age 1935						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12/3/19	Scheduled Completion Date (11) 12/4/19	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St							
		City, State, Zip Code S. Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Attic			✓	THERMAL SYSTEM INSULATION	48 LF	x			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State Hackensack, N.J. 07601		Disposal Date 12/4/19	City, State NEWBURGH, PA. 17240						
Completed by J. MAIORANO	Title Estimator	Signature [Signature]			Date 11/18/19				



Inv# 16228  
CK 37828 PAID

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



Date of Notification (1) <b>11 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>Dream Building</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>P O Box 627</b> City, State, Zip Code <b>Forked River, NJ 08731</b>							
		Name of Contact <b>Michele</b>	Telephone Number <b>609-693-8881</b>						
<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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Lavallette</b>		Square Feet <b>750</b>	# of Floors <b>1</b> Bldg. Age <b>70</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>11 / 29 / 19</b>	Scheduled Completion Date (11) <b>12 / 2 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</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>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>12/2/19</b>	City, State <b>Tullytown, Pennsylvania</b>				
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>			Signature 		Date <b>11/19/19</b>		



2019-11-15 13:12

Shade Environmental 1 &gt;&gt; 609 633 0664

Inv #11407  
PAIDState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:16)P 2/5  
NOV 25 2019

DOL - 10 DAY

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 11 / 15 / 19		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOA (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 20 West State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08626-0038 Name of Contact Lisa Welter Telephone Number 609-292-0232							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ Taxation Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 50 Barrack Street		Square Feet 10,000							
City (5) Trenton		# of Floors 10							
County (6) Mercer		Bldg. Age 100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Taxation Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASOM No.							
Street Address 344 West State Street		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Trenton, NJ 08618		Street Address 623 Cutler Avenue							
Telephone No. 609-536-8101		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm William Walegarber		Telephone No. 866-755-0099							
Start Date (10) 11 / 22 / 19		License No. 00842							
Scheduled Completion Date (11) 11 / 25 / 19		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/8:00PM-2:00AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 103 sf or >3 ft <input type="checkbox"/> 180 sf or >280 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		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
6th Floor South Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	6 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15839		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 11/25/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 11-15-19			

ABB-41  
JAN 13

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



Emergency

Inv# 16141  
PAIDState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:29 and 17:20)

NOV 25 2019

Check

# 10813

10 DAY

Date of Notification (1) <b>Nov 18, 2019</b>		Name of Building Owner/Operator (2) <b>George Johnson (care taker)</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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Plainfield NJ-07060</b>	
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Name of Contact <b>George Johnson</b>	
Street Address [REDACTED]		Telephone Number	
City (5) <b>Plainfield NJ 07060</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings; homes, etc.)	
County (6) <b>Union</b>		Square Feet	# of Floors <b>2</b>
County Code (7) (STATE USE ONLY)		Blgd. Age <b>90/1-</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Current Use (Prior to being demolished)	
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>11-21-19</b>	Scheduled Completion Date (11) <b>11-21-19</b>		
Name of OSHA Monitor <b>EPC Technologies Inc</b>		Street Address <b>P.O. Box 337</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 <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 250 sf or 250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED in Facility (13)</b>	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)
<b>Basement/Plow</b>	<b>X</b>	<b>Pipe Insulation</b>	<b>10 LF X</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste
City, State <b>New Egypt NJ</b>		Name of Registered Landfill <b>Waste Management of PA</b>	
Disposal Date <b>11/22/19</b>		City, State <b>Moonsville PA</b>	
Completed by <b>Steve Schenker</b>		Signature <b>Steve Schenker</b>	
Title <b>President</b>		Date <b>11/18/19</b>	



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

Inv# 10231 PAID

Check 12530

Date of Notification (1) 11/4/19; 11/12/19; 11/18/19		Name of Building Owner/Operator (2) Accurate Builders & Developers	
Agencies Notified	Type Notification	Street Address 32 Cross 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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Mendy Tendler	Telephone Number 732-573-5296

RECEIVED  
NOV 25 2019  
NJ DEPT OF ENVIRONMENTAL CONTROL & LICENSING

FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 1400	# of Floors 2	Bldg. Age 76
City (5) Plainfield	County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-764-2276	License No. 703
Start Date (10) 11/14/19	Scheduled Completion Date (11) 12/20/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior & basement			Street Address	
			City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	stick on floor tile	1,130 SF	x			
exterior			x	roof shingles	3,500 SF	x			
exterior			x	siding	1,000 SF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 11/18/19



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

Inn# 16140 PAID

Check 9529

Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) James Hogan		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 25 2019 NJ DEPT OF ENVIRONMENTAL CONTROL &amp; AEROSOL CONTROL </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Wayne, NJ 07470 Name of Contact James Hogan			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Totowa				Square Feet 1300	# of Floors 2				
County (6) Passaic				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 11/19/19		Scheduled Completion Date (11) 11/26/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	6 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by A. Scott Higgins		Title President		Signature		Date 11/18/19			



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

CK 9034

TIN# 16234 PAID

Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) MR. DANIEL ROHME		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVE </div>		
Agency Notified	Type Notification	Street Address				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FAIR LAWN, NJ, 07410				
		Name of Contact MR ROHME				
		Telephone Number				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) MR DANIEL ROHME				Type of Facility (4)		
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) FAIR LAWN				Square Feet 2100	# of Floors 2	
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 1940	
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)		
Street Address				Best Removal Inc		
City, State, Zip Code				Street Address		
Project Manager for Monitoring Firm				450 South River St		
Telephone No.				City, State, Zip Code		
Start Date (10) 12/4/19				Hackensack, N.J. 07601		
Scheduled Completion Date (11) 12/5/19				Telephone No. 201-329-7444		
Occupancy Status During Abatement (Check only one)				License No. 00388		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM				Name of OSHA Monitor Omega Environmental		
Scope of Work (Check all that apply)				Street Address		
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf				280 Huyler St		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				City, State, Zip Code S. Hackensack, N.J. 07606		
<input type="checkbox"/> Full Containment with Negative Pressure <input 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		
				Removal	Repair	Encapsulate
BERGEN +	Yes No N/A	VAT	80 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2120	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 12/5/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>	Date 11/18/19			

ASB-41

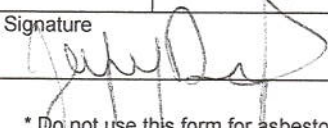
\* Do not use this form for asbestos licensure exempted activities.



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

**Inv# 110060 PAID**

**chk# 1165**

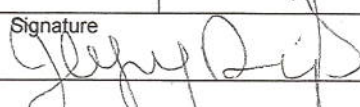
Date of Notification (1) 11/16/2019		Name of Building Owner/Operator (2) Joseph Aye-Boafo		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 25 2019  NJ DEPT OF TREASURY &amp; REVENUE </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106							
		Name of Contact Joseph Aye-Boafo		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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) Newark		Square Feet 1,245		# of Floors 2	Bldg. Age 1939				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Danvic Contracting LLC					
Street Address				Street Address 240 South 5th St.					
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 11/25/2019		Scheduled Completion Date (11) 11/30/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	19 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature 		Date 11/16/2019			



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

In # 16061 **PAID**

Check # 1164

Date of Notification (1) 11/15/2019		Name of Building Owner/Operator (2) Chris Carey							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Amboy, NJ 08879							
		Name of Contact Raphael Rodrigues	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) South Amboy		Square Feet 2,496	# of Floors 2						
		Bldg. Age 1914							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 11/24/2019	Scheduled Completion Date (11) 11/30/2019	Name of OSHA Monitor Iris Environmental Laboratories, 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: <u>OCCUPIED</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 11/15/2019			



CK 1220

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

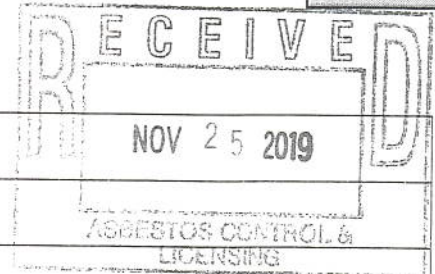
RECEIVED	Print Form
NOV 25 2019	

Date of Notification (1) 11/21/19 <i>Inv 16258</i>		Name of Building Owner/Operator (2) RESIPRO							
Agencies Notified	Type Notification	Street Address 3525 Piedmont Rd, NE- Building 7, Suite 70							
<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 Atlanta, GA 30305							
		Name of Contact RESIPRO	Telephone Number 844-554-0196						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Bloomfield	County (6) Essex	Square Feet 950	# of Floors Bldg. Age						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/01/19	Scheduled Completion Date (11) 12/03/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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
INTERIOR				FLOOR TILE	400SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 12/03/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 11/21/19			



Inv# 16236  
CK 1236

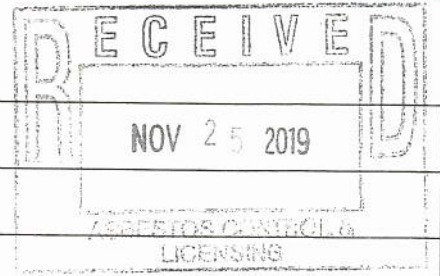
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) Gefen Construction							
Agencies Notified	Type Notification	Street Address 212 Second St, Suite 103							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Gefen Construction	Telephone Number 732-444-3727						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 896	# of Floors Bldg. Age						
City (5) Lakewood									
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/6/19	Scheduled Completion Date (11) 12/9/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 12/9/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 11/22/19			



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



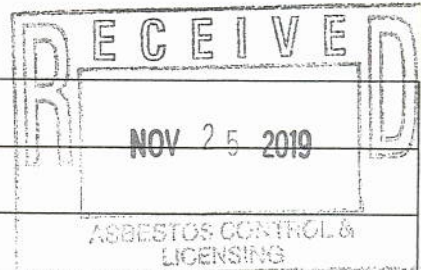
Inv# 16200  
 CK 1235

PAID

Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) AFFORDABLE HOUSING CORP		NOV 25 2019	
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 19-21 S 2nd Ave	
		City, State, Zip Code Highland Park, NJ 08904			
		Name of Contact AFFORDABLE HOUSING CORP		Telephone Number 732-672-9330	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City (5) Highland Park			Square Feet 1768	# of Floors	Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS		
Street Address		Street Address 6 WHITE DOVE COURT			
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200	
Start Date (10) 11/29/19		Scheduled Completion Date (11) 12/1/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			Street Address 6 WHITE DOVE COURT		
			City, State, Zip Code LAKEWOOD, NJ 08701		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
INTERIOR				PIPE INSULATION	80LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 12/1/19		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 11/22/19



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



Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) Charlie Kojeski Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddon Heights NJ 08035							
		Name of Contact Charlie	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Charlie Kojeski Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Haddon Heights NJ 08035		Bldg. Age 50+							
County (6) Camden	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/5/19	Scheduled Completion Date (11) 12/12/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Basement			x	Floor Tile & Mastic	800 SF	x			
Basement			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/12/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/21/19			



Inv# 16245  
PAID

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

check 904/

Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) MS GINA GIGLIO				
Agency 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 [REDACTED] City, State, Zip Code WOOD RIDGE, NJ 07075 Name of Contact MS. GIGLIO Telephone Number [REDACTED]				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. GINA GIGLIO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 2000				
City (5) WOOD RIDGE		# of Floors 2				
County (6) BERGEN		Bldg. Age 1940				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444				
Telephone No.		License No. 00388				
Start Date (10) 12/5/19		Scheduled Completion Date (11) 12/6/19				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental				
Street Address 280 Huyler St		City, State, Zip Code S. Hackensack, N.J. 07606				
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT	Yes	✓	70 LF	X		
BASEMENT		✓	20 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 12/9/19	City, State NEW BURG, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 11/21/19			

ASB-41

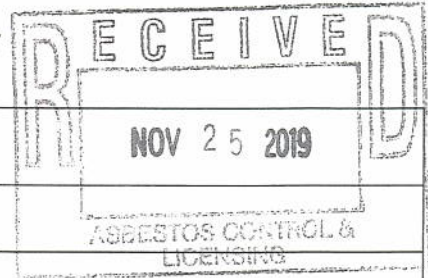
\* Do not use this form for asbestos licensure exempted activities.



Inv# 16257

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



Date of Notification (1) 11 / 20 / 2019		Name of Building Owner/Operator (2) Wynn Sloan	
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 Basking Ridge, NJ 07920 Name of Contact Wynn Sloan Telephone Number 	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wynn Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,924	# of Floors 2
City (5) Basking Ridge		Bldg. Age 85	
County (6) Somerset	County Code (7) (STATE USE ONLY) 1802	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address N/A		Street Address 550 Rifle Camp Rd	
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-938-5266	License No. 02003
Start Date (10) 12 / 02 / 2019	Scheduled Completion Date (11) 12 / 16 / 2019	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 550 Rifle Camp Rd	
		City, State, Zip Code Woodland Park, NJ 07424	

Scope of Work (Check all that apply)

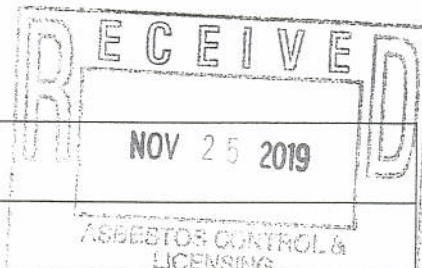
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor living room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Ceiling Plaster	364SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Ceiling Plaster	364SF	<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 Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 10 cubic yards	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, NJ		Disposal Date 12/05/19	City, State Morrisville PA
Completed By (Print or Type) Arsenije Adamov	Title President	Signature <i>Arsenije Adamov</i>	Date 11/20/19



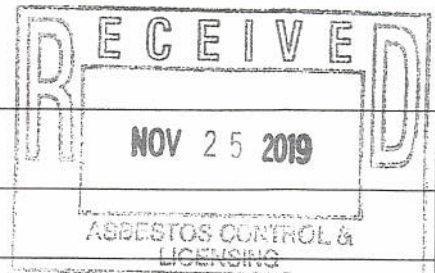
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>11 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>Alliance HSP Pennsauken, LLC</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>40 Morris Avenue</b>							
		City, State, Zip Code <b>Bryn Mawr, PA 19010</b>							
		Name of Contact <b>Max Ryan</b>	Telephone Number <b>856-669-1105</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Commercial Property - Brick Building</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>175 Derousse Avenue</b>									
City (5) <b>Pennsauken</b>		Square Feet <b>275,917</b>	# of Floors <b>2</b>						
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>94</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Synertech, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>228 Moore Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Philadelphia, PA 19148</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Andrew McMahon</b>		Telephone No. <b>215-755-2305</b>	License No. <b>00842</b>						
Start Date (10) <b>11 / 04 / 19</b>	Scheduled Completion Date (11) <b>11 / 21 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement, S. Section, NW Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Doors (3)	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor, SE Office Row, Room 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof, N. Section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar Pitch Flashing	770 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/21/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>11-19-19</b>			



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

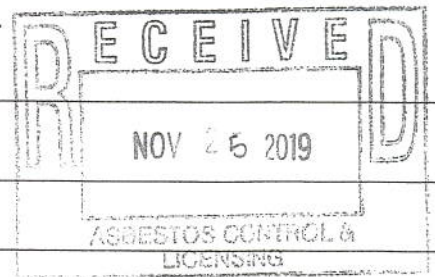


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Date of Notification (1) <b>11 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>Alliance HSP Pennsauken, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>40 Morris Avenue</b>							
		City, State, Zip Code <b>Bryn Mawr, PA 19010</b>							
		Name of Contact <b>Max Ryan</b>	Telephone Number <b>856-669-1105</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Commercial Property - Office Building</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>175 Derousse Avenue</b>		Square Feet <b>275,917</b>	# of Floors <b>2</b>						
City (5) <b>Pennsauken</b>		Bldg. Age <b>94</b>							
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Synertech, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>228 Moore Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Philadelphia, PA 19148</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Andrew McMahon</b>	Telephone No. <b>215-755-2305</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>11 / 04 / 19</b>	Scheduled Completion Date (11) <b>11 / 21 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Material	2,160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/21/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature <i>Christina Fay</i>			Date <b>11/19/19</b>		



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



Date of Notification (1) <b>11 / 19 / 19</b>			Name of Building Owner/Operator (2) <b>Alliance HSP Pennsauken, LLC</b>			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 25 2019 ASBESTOS CONTROL &amp; LICENSING </div>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>40 Morris Avenue</b>					City, State, Zip Code <b>Bryn Mawr, PA 19010</b>						
				Name of Contact <b>Max Ryan</b>			Telephone Number <b>856-669-1105</b>								
<b>FACILITY INFORMATION</b>															
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Commercial Property - Connector Building</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>175 Derosse Avenue</b>						Square Feet <b>275,917</b>		# of Floors <b>2</b>		Bldg. Age <b>94</b>					
City (5) <b>Pennsauken</b>				County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Synertech, Inc.</b>				ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>									
Street Address <b>228 Moore Street</b>				City, State, Zip Code <b>Philadelphia, PA 19148</b>		Street Address <b>623 Cutler Avenue</b>									
City, State, Zip Code <b>Philadelphia, PA 19148</b>				Project Manager for Monitoring Firm <b>Andrew McMahon</b>		Telephone No. <b>215-755-2305</b>		Telephone No. <b>856-755-0099</b>		License No. <b>00842</b>					
Start Date (10) <b>11 / 04 / 19</b>			Scheduled Completion Date (11) <b>11 / 21 / 19</b>			Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM						Street Address <b>200 Route 130 North</b>									
						City, State, Zip Code <b>Cinnaminson, NJ 08077</b>									
Scope of Work (Check all that apply)															
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input 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) <b>TO BE ABATED</b> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF) <b>5,775 SF</b>			Abatement Type			
			Yes    No    N/A									Removal    Repair    Encapsulate    Enclosure			
Exterior Roof			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			Roofing Material						<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
Name of Registered Waste Hauler <b>Freehold Cartage</b>				NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>40</b>		Name of Registered Landfill <b>Fairless Landfill</b>							
City, State <b>Freehold, NJ</b>				Disposal Date <b>11/21/2019</b>		City, State <b>Morrisville, PA</b>									
Completed By (Print or Type) <b>Christina Fay</b>				Title <b>Vice President of Operations</b>				Signature <i>Christina Fay</i>				Date <b>11/19/19</b>			



Inv# 16208  
OK 10809

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)RECEIVED  
NOV 25 2019

Date of Notification (1) 11-19-19		Name of Building Owner/Operator (2) MAYBELL HADUM		ASBESTOS CONTROL & LICENSING				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code ATLANTIC CITY NJ 08401				
		Name of Contact JEFF JENKINS		Telephone Number [REDACTED]				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]			Square Feet 1200					
City (5) ATLANTIC CITY			# of Floors 2		Bldg. Age NA			
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL				
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No.		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION				
Street Address PO BOX 11645				Street Address PO BOX 11587				
City, State, Zip Code PHILA PA 19116				City, State, Zip Code PHILA PA 19116				
Project Manager for Monitoring Firm BRIAN S		Telephone No. 267-784-4693		Telephone No. 267-784-4694				
Start Date (10) 11-20-19		Scheduled Completion Date (11) 11-20-19		License No. 01276				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
CRAWSPACE			PIPE WRAP	10 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste 1		Name of Registered Landfill WESTERN BERKS		
City, State PHILA PA		Disposal Date 11-22-19		City, State BIRDSBORO PA				
Completed by LEFRAM DUA		Title V.P.		Signature [Signature]		Date 11-19-19		

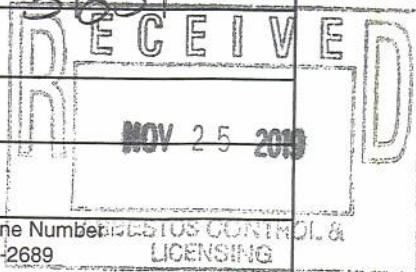


Inv # 16059  
CK 34834

PAID

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

34834



Date of Notification (1) 11 / 15 /19			Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 1 RIVERVIEW PLAZA			City, State, Zip Code RED BANK, NEW JERSEY 07701		
Name of Contact ERIC MATTSO			Telephone Number 732-450-2689		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA-2ND FLOOR				Square Feet 250,000	# of Floors 6
City (5) RED BANK				County (6) MONMOUTH	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 17	
Street Address 64 BROAD STREET				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MATAWAN, NEW JERSEY 07747				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm THOMAS GEIGER				Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 11 / 25 / 19		Sched. Completion Date (11) 1 / 30 / 20		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Encl <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

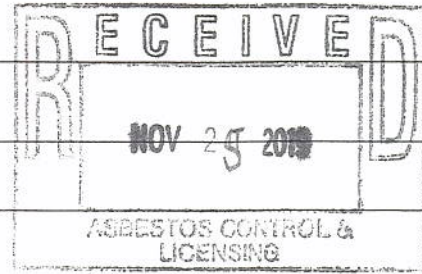
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR			X	VAT & MASTIC	776 SF	X			
2ND FLOOR SOUTHWEST CORRIDOR			X	PIPE INSULATION	32 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 11/25/19-01/30/2020	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/15/19



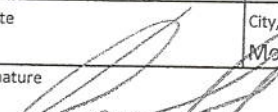
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>11 / 18 / 19</b>		Name of Building Owner/Operator (2) <b>Brookfield Properties Retail, Inc.</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>350 N. Orleans Street, Suite 300</b>							
		City, State, Zip Code <b>Chicago, IL 60654</b>							
		Name of Contact <b>John McLaughlin</b>	Telephone Number <b>732-542-0334</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Monmouth Mall</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>180 NJ 35</b>									
City (5) <b>Eatontown</b>		Square Feet <b>1,500,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>59</b>							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Batta Environmental Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>6 Garfield Way</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Newark, DE 19713</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Steve Woronicak</b>		Telephone No. <b>302-737-3376</b>	License No. <b>00842</b>						
Start Date (10) <b>09 / 30 / 19</b>	Scheduled Completion Date (11) <b>12 / 20 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>11:00AM-7:00AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</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
Towns Square Area 1 Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Field, Flashing, Curb Flashing	20,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>90</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>12/20/2019</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature <i>Christina Fay</i>			Date <b>11/18/19</b>		

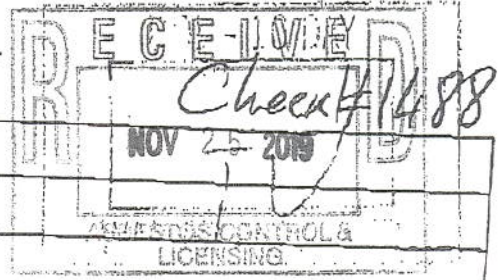


RECEIVED  
NOV 25 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/19/19		Name of Building Owner/Operator (2) Woodbridge Township School District		NOV 25 2019						
Agencies Notified	Type Notification	Street Address PO Box 428, School Street		ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095								
		Name of Contact Brian Wolferman		Telephone Number 732-750-3200						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Ross Street School #11			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 110 Ross St.										
City (5) Woodbridge			Square Feet 55,500	# of Floors 3	Bldg. Age 1920					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 00057	Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address PO Box 385		Street Address 32 Willow Way								
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424								
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 11/18/19		Scheduled Completion Date (11) 12/13/2019		Name of OSHA Monitor Envirovision Consultants, 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 checked="" type="checkbox"/> Other - Describe: <u>Mon-Friday 4PM-12:30AM, Sat-Sun Normal Working Hrs</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 lf 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) <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
Upper Roof-Parapet 1920s & 1930s Section - North, South and East Side				X	Vapor Barrier & Roofing Tar	443 LF	X			
Upper Roof-Parapet 1920s & 1930s Section - West Side				X	Vapor Barrier & Roofing Tar	167 LF	X			
Upper Roof-Parapet 1920s & 1930s Section - Center of Roof				X	Vapor Barrier & Roofing Tar	160 LF	X			
Lower Roof				X	Roofing Tar	113 LF	X			
Boiler Room Roof				X	Roofing Deck Tar	350 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 150+ CU YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, New Jersey				Disposal Date TBD	City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 			Date 11/19/19			



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



Date of Notification (1) <b>9/18/19</b>		Name of Building Owner/Operator (2) <b>Woodbridge Township School District</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address <b>PO Box 428, School Street</b>		City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
Name of Contact <b>Brian Wolferman</b>		Telephone Number <b>732-750-3200</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Ross Street School #11</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address <b>110 Ross St.</b>		Square Feet <b>55,500</b>	
City (5) <b>Woodbridge</b>		# of Floors <b>3</b>	
County (6) <b>Middlesex</b>		Bldg. Age <b>1920</b>	
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Ahera Consultants Inc</b>		ASCM No. <b>00057</b>	
Street Address <b>PO Box 385</b>		Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>	
City, State, Zip Code <b>Oceanville, NJ 08231</b>		Street Address <b>32 Willow Way</b>	
Project Manager for Monitoring Firm <b>John Smoyer</b>		City, State, Zip Code <b>Woodland Park, NJ 07424</b>	
Telephone No. <b>609-652-1833</b>		Telephone No. <b>973-333-9176</b>	
Start Date (10) <b>11/18/19</b>		License No. <b>01331</b>	
Scheduled Completion Date (11) <b>12/13/2019</b>		Name of OSHA Monitor <b>Envirovision Consultants, 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 <input checked="" type="checkbox"/> Other - Describe: <b>Mon-Friday 4PM-12:30AM, Sat-Sun Normal Working Hrs</b>		Street Address <b>20-21 Wagarew Rd., Bldg. 35-E</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 lf or ≥ 260 lf		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>	
<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 (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Upper Roof-Parapet 1920s & 1930s Section - North, South and East Side		X	
Upper Roof-Parapet 1920s & 1930s Section - West Side		X	
Upper Roof-Parapet 1920s & 1930s Section - Center of Roof		X	
Lower Roof		X	
Boiler Room Roof		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Vapor Barrier & Roofing Tar		443 LF	
Vapor Barrier & Roofing Tar		167 LF	
Vapor Barrier & Roofing Tar		160 LF	
Roofing Tar		113 LF	
Roofing Deck Tar		350 SF	
Abatement Type		Removal Repair Encapsulate Enclosure	
		X	
Name of Registered Waste Hauler <b>Jewark Carting Inc</b>		NJDEP Waste Hauler ID No. <b>04509</b>	
City, State <b>Jewark, New Jersey</b>		Cubic Yards of Waste <b>150+ CU YD</b>	
Completed by <b>Imo Golcev</b>		Disposal Date <b>TBD</b>	
Title <b>General Manager</b>		Signature 	
		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
		City, State <b>MORTISVILLE, PA</b>	
		Date <b>11/15/19</b>	



Print Form

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NOV 25 2019

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

CK 1220

Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) RESIPRO		ASBESTOS CONTROL & LICENSING	
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 3525 Piedmont Rd, NE- Building 7, Suite 70 City, State, Zip Code Atlanta, GA 30305 Name of Contact RESIPRO Telephone Number 844-554-0196	
Name of Facility Where Abatement Occurred [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.)		Square Feet 950	
Street Address [REDACTED]		City (5) Bloomfield		# of Floors Bldg. Age	
County (6) Essex		Current Use (Prior if being demolished) home		03	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address [REDACTED]		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701	
City, State, Zip Code [REDACTED]		Telephone No. 732-668-9078		License No. 1200	
Start Date (10) 12/01/19		Scheduled Completion Date (11) 12/03/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply) <input 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 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)
	Yes	No	N/A		
INTERIOR				FLOOR TILE	400SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5	
City, State NEWARK, NJ		Disposal Date 12/03/19		Name of Registered Landfill IESI	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature Date 11/21/19	

11-25  
SCAN



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

INV-16256

check 9042

Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) MS. S. GRUNFEST		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  NOV 25 2019  NJ DEPT OF ENVIRONMENTAL CONTROL &amp; AEROSOL CONTROL </div>	
Agency 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 [REDACTED]			
		City, State, Zip Code BELLEVILLE, NJ, 07109			
		Name of Contact MS. GRUNFEST		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. GRUNFEST			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 2500	# of Floors 2	Bldg. Age 1945
City (5) BELLEVILLE					
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc		
Street Address			Street Address 450 South River St		
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 12-2-19	Scheduled Completion Date (11) 12-12-19		Name of OSHA Monitor Omega Environmental		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM			Street Address 280 Huyler St		
			City, State, Zip Code S. Hackensack, N.J. 07606		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASSTOWN			X	VAT	80 SF	X		

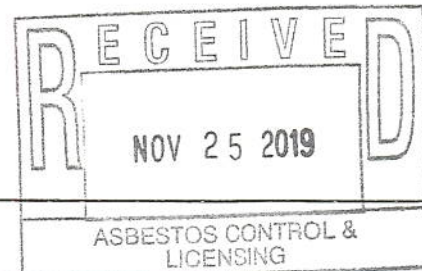
  

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State Hackensack, N.J. 07601		Disposal Date 12/2/19	City, State NEWBURGH, PA. 17240		
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 11/21/19		



Inv 116239

Proj. #: 19-232

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)Date of Notification (1)  
11/15/19

Name of Building Owner/Operator (2)

Danisha Devor-Mackesy

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #:

☐ Emergency  
(including justification)☐ Cancellation

Street Address

City, State, Zip Code

River Edge, NJ 07661

Name of Contact

Danisha Devor-Mackesy

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

County (6)

County Code (7)

(State use only)

River Edge, NJ 07661

Bergen

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial  
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

1,200 SF

02

70

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

Sched. Completion Date (11)

12/02/2019

12/07/2019

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☒ Non-Exempted (\*) and Non-friable procedureLocation 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)Amount  
(Specify SF or  
LF)R  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

Basement

☐☒☐

Pipe Insulation

220 LF

☒☐☐☐

Basement Laundry

☐☒☐

VAT

140 SF

☒☐☐☐Registered Waste Hauler  
KLOMAX, LLCNJDEP Hauler ID#  
0038241Cubic Yards of Waste  
3 ydsName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
Hopatcong, NJ 07843Disposal Date  
TBDCity, State  
TULLYTOWN, PACompleted by (Print or Type)  
Paige BoylanTitle  
Owner

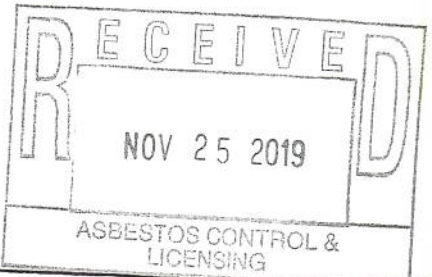
Signature

Date  
11/15/19



CK# 4940

PAID



JW 16237

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

Date of Notification (1) <u>11-15-19</u>		Name of Building Owner/Operator (2) <u>TITAN SHORING</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>3849 ATL/BRIGANTINE BLVD</u>					
		City, State, Zip Code <u>BRIGANTINE N.J.</u>					
		Name of Contact <u>KEVIN</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>					
City (5) <u>BRIGANTINE N.J.</u>		# of Floors <u>2</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>		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>11-25-19</u>	Scheduled Completion Date (11) <u>12-5-19</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) <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2750 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	X	<u>TRANSITE</u>	<u>2750 SF</u>	X			
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>AQUA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>PLEASANTVILLE N.J.</u>				
Completed By _____		Title _____	Signature <u>[Signature]</u>		Date <u>11-15-19</u>		



CK# 4940

Inv 16232

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

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Date of Notification (1) <u>11-15-19</u>		Name of Building Owner/Operator (2) <u>HALLIDAY &amp; LODGE</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>700 HAWKEN AVE</u>		City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>							
Name of Contact <u>SAUE</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>1000</u>							
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>							
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</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>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUXE 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>							
Telephone No.		License No. <u>01371</u>							
Start Date (10) <u>11-26-19</u>		Scheduled Completion Date (11) <u>12-6-19</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>							
Street Address		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 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 IN Facility (13)</u>	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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C.M.C. M.V. A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>		Date <u>11-15-19</u>			



CHECK # 4940

Inv 16232

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

**RECEIVED**  
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Date of Notification (1) <u>11-15-19</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE ASBESTOS CONTROL &amp; LICENSING</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 <u>8 CLERMONT DR.</u>	
		City, State, Zip Code <u>CLERMONT N.J. 08210</u>	
		Name of Contact <u>Jim</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>N WILDWOOD</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VIACANT</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. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>11-29-19</u>	Scheduled Completion Date (11) <u>12-9-19</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"/> $\geq 3$ 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)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3 yds</u>	Name of Registered Landfill <u>C.M.C.M.V.A</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>11-15-19</u>



CK 7696  
\* Amended Notification \*  
New Material  
\* New CK # 7696  
Additional Material

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Hazardous Waste Act 8:60 and 12:120)

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NOV 25 2019

Date of Notification (1) 11/1/19		Name of Building Owner/Operator (2) Eric Gilson Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Spring lake NJ 07762							
Name of Contact Eric		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eric Gilson Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Spring lake NJ 07762		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/18/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
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		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
Transite Vent Pipe			x	Transite Vent Pipe	18 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/1/19		



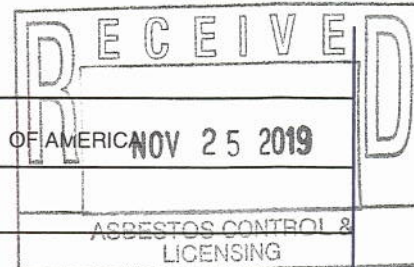
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NOV 25 2019  
ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) <div style="text-align: center;">11 / 19 / 19</div>		Name of Building Owner/Operator (2) <b>Jeanette Ann Giemza</b>		NOV 25 2019	
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 <div style="background-color: black; height: 20px; width: 100%;"></div> City, State, Zip Code <b>Somers Point, NJ 08244</b> Name of Contact <b>Jeanette Ann Giemza</b> Telephone Number <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Circle Liquor Store</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1 MacArthur Boulevard</b>				Square Feet <b>10,000</b>	
City (5) <b>Somers Point</b>				# of Floors <b>1</b>	
County (6) <b>Atlantic</b>				Bldg. Age <b>80</b>	
County Code (7) (STATE USE ONLY) <b>Atlantic</b>		Current Use (Prior if being demolished) <b>Liquor Store</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No. 		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>			
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>			
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>		Telephone No. <b>856-755-0099</b>	
License No. <b>00842</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>			
Start Date (10) <div style="text-align: center;">12 / 04 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 06 / 19</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF) <b>168 SF</b>		Abatement Type <div style="display: flex; justify-content: space-around;"> <span>Removal</span> <span>Repair</span> <span>Encapsulate</span> <span>Enclosure</span> </div>			
<b>Exterior</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<b>Transite Siding</b>	
<b>Interior Storage Area</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<b>Transite Siding</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler <b>Shade Environmental, LLC</b>		NJDEP Waste Hauler ID No. <b>32426</b>		Cubic Yards of Waste <b>5</b>	
Name of Registered Landfill <b>Atlantic County Utilities Authority</b>		Disposal Date <b>12/06/2019</b>			
City, State <b>Maple Shade, NJ</b>		City, State <b>Egg Harbor Township, NJ</b>			
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature 	
				Date <div style="text-align: center;">11-19-19</div>	



NO CK

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



## Date of Notification (1)

11 / 20 /19

## Name of Building Owner/Operator (2)

PRUDENTIAL INSURANCE COMPANY OF AMERICA

## Street Address

751 BROAD STREET

## City, State, Zip Code

NEWARK, NEW JERSEY 07102

## Name of Contact

WILLIAM BARRETT

## Telephone Number

973-802-2175

## Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

☐ Initial Notification  
☒ Amended Notification #1  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

## FACILITY INFORMATION

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

PRUDENTIAL

## Type of Facility (4)

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

## Street Address

751 BROAD STREET-14TH &amp; 16TH FLOORS

## Square Feet

550,000

## # of Floors

24

## Bldg. Age

59

## City (5)

NEWARK

## County (6)

ESSEX

## County Code (7)

(STATE USE ONLY)

## Current Use (Prior if being demolished) Pharm. Lab.

COMMERCIAL

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

TIGER ENVIRONMENTAL

## ASCM No.

## Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

## Street Address

256 A JEFFERSON COURT

## Street Address

313 SPOOK ROCK ROAD

## City, State, Zip Code

LAKEWOOD, NEW JERSEY 08701

## City, State, Zip Code

SUFFERN, NEW YORK 10901

## Project Manager for Monitoring Firm

KELLY WALTON

## Telephone Number

732-948-9458

## Telephone Number

845-369-7500

## License Number

1101

## Expected State Date (10)

11 / 21 /19  
Month Day Year

## Sched. Completion Date (11)

6 / 30 /19  
Month Day Year

## Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS

## Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 6PM-2:30 AM

## Street Address

1376 US 9

## City, State, Zip Code

WAPPINGERS FALLS, NY 12590

## Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
14TH FLOOR-ENTIRE			X	FLOOR TILE AND MASTIC	22,000 SF	X			
16T FLOOR - ENTIRE			X	FLOOR TILE AND MASTIC	22,000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 11/21/2019 - 06/30/2020		City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 11/20/19			



34813


Date of Notification (1) 11 / 11 /19			Name of Building Owner/Operator (2) PRUDENTIAL INSURANCE COMPANY OF AMERICA		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 751 BROAD STREET			City, State, Zip Code NEWARK, NEW JERSEY 07102		
Name of Contact WILLIAM BARRETT			Telephone Number 973-802-2175		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 751 BROAD STREET-14TH & 16TH FLOORS			Square Feet 550,000		# of Floors 24
City (5) NEWARK			County (6) ESSEX		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL			ASCM No.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 256 A JEFFERSON COURT			City, State, Zip Code LAKEWOOD, NEW JERSEY 08701		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL
Project Manager for Monitoring Firm KELLY WALTON			Telephone Number 732-948-9458		License Number 1101
Expected State Date (10) 11 / 21/19			Sched. Completion Date (11) 6 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-2:30 AM			Street Address 1376 US 9		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Abatement Type
14TH FLOOR-ENTIRE			X		FLOOR TILE AND MASTIC
16T FLOOR - ENTIRE			X		FLOOR TILE AND MASTIC
Name of Registered Waste Hauler NEWARK CARTING			NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120
City, State NEWARK, NEW JERSEY			Disposal Date 11/21/2019 - 06/30/2020		Name of Registered Landfill GRAND CENTRAL SANITARY
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS		Signature [Signature]
					Date 11-11-19



Inv 16147

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

Check 19539  
Check 19529

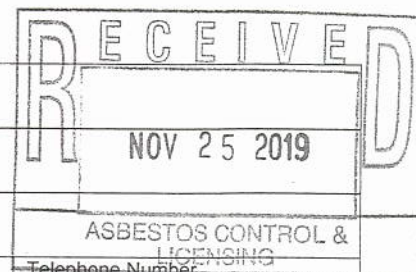
Date of Notification (1) 11/20/19		Name of Building Owner/Operator (2) James Hogan		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 25 2019  ASBESTOS CONTROL &amp; </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470  Name of Contact James Hogan							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Totowa			Square Feet 1800	# of Floors 2	Bldg. Age 83				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 11/19/19	Scheduled Completion Date (11) 11/26/19		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>			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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	28 LF	x			
basement			x	pipe fittings	30	x			
basement			x	insulation over furnace	1 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD	City, State Pen Argyl, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 11/20/19				



Inv 14214

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

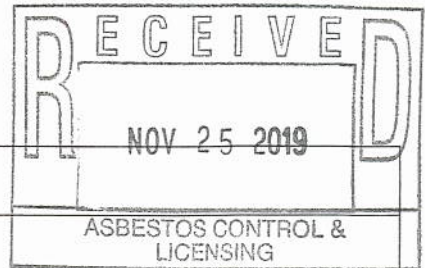
cl# 1212



Date of Notification (1) 11/19/2019		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Florham Park NJ							
		Name of Contact Dan Matarese							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 3000	# of Floors 2						
City (5) Florham Park		Bldg. Age +50							
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 11/21/2019	Scheduled Completion Date (11) 11/28/2019	Name of OSHA Monitor Iris Environmental Laboratories							
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: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor			x	floor tile	1600SF	x			
Basement			x	Floor tile	1600 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal	Signature 	Date 11/19/2019					



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



Date of Notification (1) <b>September 26, 2019</b>		Job #: <b>9723.02</b>		Name of Building Owner/Operator (2) <b>South Jersey Industries</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# <b>01</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1 South Jersey Plaza</b> City, State, Zip Code <b>Folsom, PA 08037</b> Name of Contact <b>Craig Masterson, Structure Tone</b> Telephone Number <b>215-378-9491</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>South Jersey Industries</b> Street Address <b>1 South Jersey Plaza</b> City (5) <b>Folsom</b> County (6) <b>Atlantic</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.) Square Feet <b>10,000+</b> # of Floors <b>2+</b> Bldg. Age <b>30+</b> Current Use (prior if being demolished) Office Building					
Name of Monitoring Firm Hired by Building Owner (8) <b>GZA GeoEnvironmental, Inc.</b> Street Address <b>55 Lane Road, Suite 407</b> City, State, Zip Code <b>Fairfield, NJ 07004</b>		ASCM No. <b>126</b>		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b> Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b> City, State, Zip Code <b>Bensalem, PA 19020</b>					
Project Manager for Monitoring Firm <b>Benjamin Sallemi</b> Telephone Number <b>973-774-3311</b>		Telephone Number <b>215-533-3503</b>		License Number <b>00858</b>					
Scheduled Start Date (10) <b>October 10, 2019</b>		Scheduled Completion (11) <b>December 31, 2019</b>		Name of OSHA Monitor <b>GZA GeoEnvironmental, 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 - <input type="checkbox"/> Other - Describe: _____				Street Address <b>55 Lane Road, Suite 407</b> City, State, Zip Code <b>Fairfield, NJ 07004</b>					
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor		X		Pipe Fittings	100 LF	X			
2 <sup>nd</sup> Floor		X		Pipe Fittings	55 LF	X			
1 <sup>st</sup> Floor		X		Floor Tile & Mastic	3500 SF	X			
2 <sup>nd</sup> Floor		X		Floor Tile & Mastic	500 SF	X			
Name of Reg. Waste Hauler <b>Waste Management Inc.</b> City, State <b>Ewing, NJ 08628</b>		NJDEP Waste Hauler ID # <b>17273</b>		Cubic Yards of Waste <b>80</b>	Name of Reg. Landfill <b>ACUA</b> City, State <b>Egg Harbor Township, 08234</b>				
Completed by <b>Vincent Primavera</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/21/2019</b>			



RECEIVED

NOV 25 2019

ASBESTOS CONTROL & LICENSING

CONTINUED FROM PAGE 1  
Job #: 9723.01 – South Jersey Industries

[illegible]



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26-7 and 12:20-7)

Date of Notification (1)

11/21/2019

Name of Building Owner/Operator (2)

Greg O'Keefe

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Greg O'Keefe

Telephone Number

ASBESTOS CONTROL &amp; LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Greg O'Keefe

Street Address

City

Montclair

County

Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12 06 19

Sched. Completion Date (11)

12 07 19

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»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.  
17040Cubic Yards  
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

12/09/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

*Constantine Vivian*

Date

11/21/2019

396 North Fullerton Ave



CK 4758

Project #

INV 110254

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

Check # 4758

NOV 25 2019

ASBESTOS CONTROL &  
LICENSINGDate of Notification (1)  
11/19/2019Name of Building Owner/Operator (2)  
NJ Department Of Military and Veterans Affairs

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL

☐ DOH  
☐ DCA

Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation
Street Address  
101 Eggert Crossing RdCity, State, Zip Code  
Lawrence, NJ 08648Name of Contact  
Ed SainTelephone Number  
(732)974-4894

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
National Guard Dining Hall Building 11Street Address  
100 Camp DriveCity (5)  
Sea Girt, NJ 08750County (6)  
MonmouthCounty 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
21,000	1	60

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
USA Environmental Management, Inc.

ASCM No.

Name of Abatement Contractor (9)  
Nick Restoration LLCStreet Address  
344 West State StStreet Address  
72 Brookside RdCity, State, Zip Code  
Trenton, NJ 08618City, State, Zip Code  
Randolph NJ 07869Project Manager for Monitoring Firm  
William Weisgarber, Jr.Telephone No.  
(609)656-8101Telephone No.  
973-933-2550License No.  
01358Start Date (10)  
12/18/2019Scheduled Completion Date (11)  
01/10/2020Name of OSHA Monitor  
Nick Restoration LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:
Street Address  
72 Brookside RdCity, State, Zip Code  
Randolph NJ 07869

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf

☐ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor/ Kitchen area,		X		TSI	920 LF	X			
Storage area, Holloway									

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Newark, NJ	Disposal Date TBD	City, State Tullytown, PA	
Completed by Nikica Mrda	Title President	Signature <i>Nikica Mrda</i>	Date 11/19/2019



no ck

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

Print Form

RECEIVED

NOV 25 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/11/19		Name of Building Owner/Operator (2) Eric Gilso							
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Spring Lake, NJ							
		Name of Contact Eric Gilso	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Spring Lake		Square Feet	# of Floors						
		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/21/19	Scheduled Completion Date (11) 11/26/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				CEMENT PIPE	10LF	x			
EXTERIOR				SIDING	2500SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 12	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/26/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 11/11/19			



INV-16007  
CK 3489

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

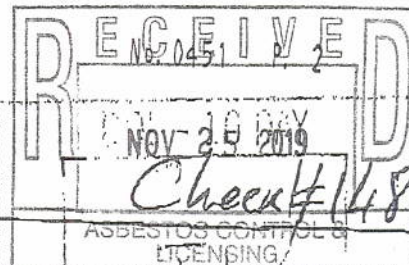
RECEIVED	Print Form
	NOV 25 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/14/2019		Check#3489		Name of Building Owner/Operator (2) South Bergen Jointure Commission					
Agencies Notified		Type Notification		Street Address 123 Union 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 Lodi, NJ 07644					
				Name of Contact Janenne					
				Telephone Number 973-249-0995					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) South Bergen Jointure Commission				Type of Facility (4)					
Street Address 123 Union Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Lodi, NJ				Square Feet 60,000	# of Floors 2				
County (6) BERGEN				County Code (7) (STATE USE ONLY)	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				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				201-295-1700	01074				
Start Date (10) 11/26 /19		Scheduled Completion Date (11) 11/27/19		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 2:30 PM				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
First Floor-Secondary Hallway		X		Pipe Insulation	3 LF		X		
Name of Registered Waste Hauler EA SERVICES CORPORATION		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISES INC				
City, State GUTTENBERG, NJ		Disposal Date TBS		City, State WAYNESBURG, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Bluas</i>			Date 11/14/2019		



Nov. 15, 2019 2:52PM

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



CK 1488

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Woodbridge Township School District		Telephone Number 732-750-3200	
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address PO Box 428, School Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Brian Wolferman	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Ross Street School #11			Type of Facility (6) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 110 Ross St.			Square Feet 55,500		
City (5) Woodbridge			No. of Floors 3		
County (6) Middlesex			Bldg. Age 1920		
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc			ASCM No. 00057		
Street Address PO Box 385			Name of Abatement Contractor (9) Unicorn Contracting Corp.		
City, State, Zip Code Oceanville, NJ 08231			Street Address 32 Willow Way		
Project Manager for Monitoring Firm John Smoyer			City, State, Zip Code Woodland Park, NJ 07424		
Telephone No. 609-652-1833			Telephone No. 973-333-9176		
License No. 01331					
Start Date (10) 11/18/19		Scheduled Completion Date (11) 12/13/2019		Name of OSHA Monitor Envirovision Consultants, 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 checked="" type="checkbox"/> Other - Describe: Mon-Friday 4PM-12:30AM, Sat-Sun Normal Working Hrs				Street Address 20-21 Wagaw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 9$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 150$ lf or $\geq 250$ ft				City, State, Zip Code Fair Lawn, NJ 07410	
<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)	
		Yes No N/A			
Upper Roof-Parapet 1920s & 1930s Section - North, South and East Side		X		Vapor Barrier & Roofing Tar	
Upper Roof-Parapet 1920s & 1930s Section - West Side		X		Vapor Barrier & Roofing Tar	
Upper Roof-Parapet 1920s & 1930s Section - Center of Roof		X		Vapor Barrier & Roofing Tar	
Lower Roof		X		Roofing Tar	
Boiler Room Roof		X		Roofing Deck Tar	
Amount (Specify SF or LF)					
443 LF		X			
167 LF		X			
180 LF		X			
113 LF		X			
350 SF		X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 150+ CU YD	
City, State Newark, New Jersey		Disposal Date TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Irina Golcev		Title General Manager		City, State MORTISVILLE, PA	
Signature		Date 11/15/19			



CKC857802152

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

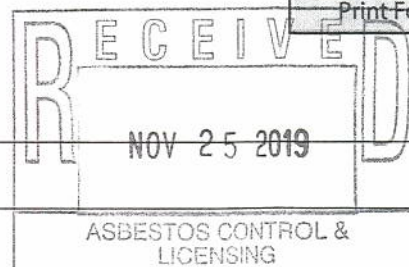
RECEIVED	Print Form
NOV 25 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/15/2019 <i>Inv 16243</i>		Name of Building Owner/Operator (2) Bill McCabe						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Ridgewood, NJ 07450						
Name of Contact Bill McCabe		Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A						
City (5) Ridgewood		# of Floors N/A						
County (6) Bergen		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.						
City, State, Zip Code		Street Address 11 Rosengren Avenue						
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512						
Telephone No.		Telephone No. 973-345-8685						
Start Date (10) 11/26/2019		License No. 01311						
Scheduled Completion Date (11) 11/27/2019		Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Totowa, NJ 07512						
<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
Basement		X	VAT	900 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central		
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature <i>[Signature]</i>		Date 11/15/2019		



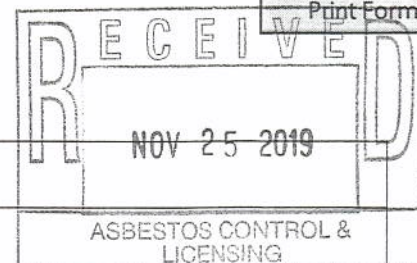
CK2251

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



Date of Notification (1) 11/15/2019 <i>Inv-16241</i>		Name of Building Owner/Operator (2) Stephan Shapiro							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<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 Livingston, NJ 07039  Name of Contact Stephan Shapiro	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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) Livingston		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/25/2019	Scheduled Completion Date (11) 11/26/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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 Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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
Basement		X		VAT	400 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature <i>[Signature]</i>			Date 11/15/2019		





State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 8:27)

Date of Notification (1) 11/15/2019		Name of Building Owner/Operator (2) Shereen Besselle							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Madison, NJ 07940							
Name of Contact Shereen Besselle		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A							
City (5) Madison		# of Floors N/A							
County (6) Morris		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-345-8685							
Start Date (10) 11/26/2019		License No. 01311							
Scheduled Completion Date (11) 11/27/2019		Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Pipe Insulation	75 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/15/2019			