

CK1687

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

Print Form

RECEIVED

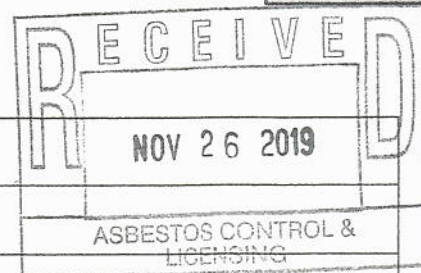
NOV 26 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/19/2019		Name of Building Owner/Operator (2) Lawrence Swaggerty							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083 Name of Contact Lawrence Swaggerty							
FACILITY INFORMATION									
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) Union		Square Feet 1000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Sticking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463						
Start Date (10) 12/02/2019		Scheduled Completion Date (11) 12/03/2019	License No. 01306						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Nari Construction LLC							
<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 63 Leather Sticking Path							
Scope of Work: (Check All That Apply)		City, State, Zip Code Lincoln Park, NJ 07035							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	TSi	96 LF	x		x	
Basement			x	VAT	360 SF	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 20 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Igor Jezdimirovic		Title P. Manager		Signature		Date 11/19/2019			

CK 1031

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



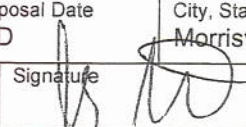
Date of Notification (1) 11-18-2019		Name of Building Owner/Operator (2) Lorenzo & Kim Callander		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 26 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
				City, State, Zip Code Roselle NJ 07203					
				Name of Contact Daniel Darpino					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				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) Roselle NJ 07203				Square Feet N/A	# of Floors N/A				
County (6)				County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A				
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental				ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC				
Street Address 2108 Fulton St. Suite 2A				Street Address PO BOX 734					
City, State, Zip Code Brooklyn NY 11233				City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm Kayode Adefisoye				Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 11-28-2019		Scheduled Completion Date (11) 11-30-2019		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 734					
<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 Woodland Park NJ 07424					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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			
1st Floor			x	Pipe Insulation	12 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC				NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 1 CY	Name of Registered Landfill Fairless Hills			
City, State Woodland Park NJ 07424				Disposal Date 12-09-2019		City, State Morrisville PA			
Completed by Tome Maslarkov			Title Project Manager		Signature 		Date 11-18-2019		



PAID

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

RECEIVED	CHECK # 26760
	NOV 26 2019
ASBESTOS CONTROL & LICENSING	

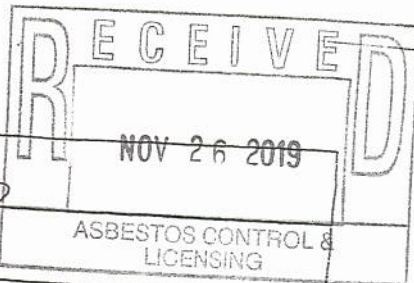
Date of Notification (1) 11-18-19 <i>11/03/19 (Inv)</i>		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact James E. Thomson	Telephone Number (732) 740-8588						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 28 3rd Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Branch		Square Feet 9,000	# of Floors 2						
County (6) Monmouth		Bldg. Age 65 yrs.							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____							
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 200 Broad Street							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	Telephone No. 201-939-6565						
Start Date (10) 12-02-19		License No. 00756							
Scheduled Completion Date (11) 06-30-20		Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement: AC Room			x	Duct Insulation	300SF	x			
Basement: AC Room			x	Pipe Insulation	200LF	x			
Basement: AC Room			x	Floor Tile	400SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 11-18-19			



CK 56009

INV-16203

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:26 and 17:27)



Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) American Demolition Corp	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2 English Ln		City, State, Zip Code Egg Harbor NJ 08234	
Name of Contact Bernard		Telephone Number 609 926 7373	
Name of Facility Where Abatement is Taking Place (3) Resident			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Longport		County Code (7) 08403	
County (6) Atlantic		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition / CO	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08015	
Start Date (10) 12/1/19		Telephone No. 609-346-5916	
Scheduled Completion Date (11) 1/1/20		License No. C1070	
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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
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) TO BE ABATED in Facility (13) Outside	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) Siding	Amount (Specify SF or LF) 2000 SF
Abatement Type Removal Repair Encapsulate Enclosure			
Registered Waste Hauler LWE LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste
Name of Registered Landfill 16M of PA		Disposal Date TBD	City, State Delanco NJ
Signature Joseph T. Hill		Title President	Date 11/22/19

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



INW-16305  
CL 5ld08

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 13:120)

PAID

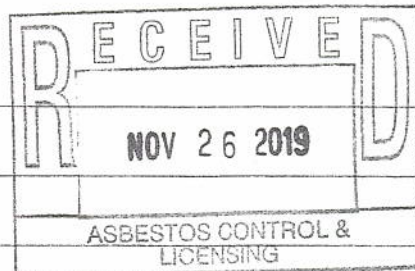
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NOV 26 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) American Demolition Corp	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 2 English Ln City, State, Zip Code Egg Harbor NJ 08234 Name of Contact Bernard Telephone Number 609 926 7373	
Name of Facility Where Abatement is Taking Place (3) Residence		FACILITY INFORMATION	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Buena	County (6) Atlantic	Square Feet 08360	# of Floors Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) Atlantic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave City, State, Zip Code Delanco NJ 08015 Telephone No. 609-346-0916 License No. C1070	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 12/3/19	Scheduled Completion Date (11) 1/3/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 25 sf or ≥ 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) 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)
outside		Siding	2000 SF
Abatement Type		Removal Repair Encapsulation Enclosure	
Name of Registered Waste Hauler WJE LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste
City, State, Zip Code Delanco NJ		Name of Registered Landfill WM of PA	
Disposal Date 12/3/19		City, State, Zip Code Telford PA	
Signature Joseph T Hall		Signature [Signature]	
Title President		Date 11/22/19	

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



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



CK 3170

Date of Notification (1)  
11/19/19 **INV-16315**

Name of Building Owner/Operator (2)  
Bogja Angelkoski

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial  
☒ Amended  
Amendment # 1  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Elmwood Park, NJ 07407

Name of Contact  
Bogja Angelkoski

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
[REDACTED]

City (5)  
Elmwood Park

County (6)  
Bergen

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Competent supervisor

ASCM No.

Name of Abatement Contractor (9)  
Academy Construction Inc

Street Address  
205 Route 46 Suite 14

City, State, Zip Code  
Totowa NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
973 832 4244

License No.  
01379

Start Date (10)  
11/20/19

Scheduled Completion Date (11)  
12/04/19

Name of OSHA Monitor  
Same as above

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

City, State, Zip Code

Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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	VAT	850sf	X		X	
Basement			X	Boiler Insulation	60sf	X		X	
Exterior			X	Flashing/Black Tar	100LF	X			
Exterior			X	Window Caulking	30LF	X			

Name of Registered Waste Hauler  
Academy Construction Inc

NJDEP Waste Hauler ID No.  
034422

Cubic Yards of Waste  
5

Name of Registered Landfill  
Fairless Landfill

City, State  
Totowa NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
John Geleski

Title  
Supervisor

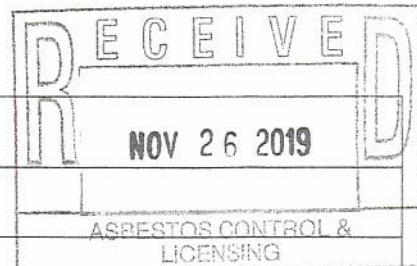
Signature  
[Signature]

Date  
11/19/19



CK 3167

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



Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) Bogoja Angelkoski		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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Elmwood Park, NJ 07407 Name of Contact Bogoja Angelkoski Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Elmwood Park			# of Floors		
County (6) Bergen			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Competent supervisor		ASCM No.		Name of Abatement Contractor (9) Academy Construction Inc	
Street Address		Street Address 205 Route 46 Suite 14		City, State, Zip Code Totowa NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973 832 4244	
Start Date (10) 11/20/19		Scheduled Completion Date (11) 12/04/19		License No. 01379	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor Same as above		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			Street Address City, State, Zip Code		
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Basement		VAT		850sf	
Basement		Boiler Insulation		60sf	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 5	
City, State Totowa NJ		Disposal Date TBD		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA		Signature Filip Geleski		Date 11/18/19	

CHECK#1785

**INV 161103**

**PAID**

**RECEIVED**  
NOV 26 2019

**CONTROL & INSURING**  
609-352-2400

Date of Notification (1) 11/20/2019		Name of Building Owner/Operator (2) H A'DEHART & SONS							
Agencies Notified	Type Notification	Street Address 311 CROWN POINT ROAD							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code THOROFARE NJ 08086							
		Name of Contact PHILIP CLIFFORD							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		Type of Facility (4)							
Street Address 311 CROWN POINT ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) THOROFARE		Square Feet 5000	# of Floors 1						
County (6) GLOUCESTER		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 11/22/2019	Scheduled Completion Date (11) 11/23/2019	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<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>OUTSIDE ABATEMENT</u>		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
OUTSIDE STORAGE YARD			X	PIPE INSULATION	25 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 11/23/2019	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Russell Swanson</i>	Date 11/20/2019					



APPROVED BY KURT

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

CHECK# 10785 NOV 26 2019

DOL - 10 DAY

ASBESTOS CONTROL &amp; LICENSING

Telephone Number  
609-352-2400

Date of Notification (1) 11/20/2019		Name of Building Owner/Operator (2) HA DEHART & SONS	
Agencies Notified	Type Notification	Street Address 311 CROWN POINT ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code THOROFARE NJ 08066	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact PHILIP CLIFFORD	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		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 311 CROWN POINT ROAD		Square Feet 5000	# of Floors 1
City (5) THOROFARE		Bldg. Age 50+	
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676
Start Date (10) 11/22/2019	Scheduled Completion Date (11) 11/23/2019	License No. 01145	
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: OUTSIDE ABATEMENT		Name of OSHA Monitor EMSL	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf		Street Address 200 RT. 130 NORTH	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code CINNAMINSON NJ 08077	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frable 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)
OUTSIDE STORAGE YARD	Yes No N/A	PIPE INSULATION	25 LF
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES	NJ DEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ	Disposal Date 11/23/2019	City, State WAYNESBURG, OH	
Completed by RON SWANSON	Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 11/20/2019



INV 16058

B &amp; G proj. #: 2019-258

Notification of Asbestos Abatement  
Pursuant to NJAC 8:60-7 and 12:120-7)\*\*\* PAID \*\*\*  
Emergency \*\*\*

Check # 9748

Date of Notification (1) 11/15/2019		Name of Building Owner/Operator (2) Bridgewater-Raritan Regional School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 26 2019  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address Wade Administration Bldg., 836 Newmans Lane		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bridgewater, NJ 08807		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter F. Starrs		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-685-2777 x3212		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hillside Intermediate School - O&M			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 844 Brown Road			Square Feet # of Floors Bldg. Age		
City (5) Bridgewater	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) AH&RA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/15/2019		Sched. Completion Date (11) 11/17/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Rooms #105, 107, 111, 113		<input checked="" type="checkbox"/>		Decontaminate & Hepa Vacuum	10,300 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201, 202, 203, 204, 205		<input checked="" type="checkbox"/>		wet wiping surfaces		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206 (library & sub rooms)		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd fl library hallway		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and connected breezeway		<input checked="" type="checkbox"/>		Ceiling tiles bagged	200 bags	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563		Cubic Yds of waste 4	Name of Registered Landfill Grand Central Landfill					
City, State Lincoln Park, NJ		Disposal Date 11/18/2019		City, State Morrisville, PA Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 11/15/2019		



CK 1688

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

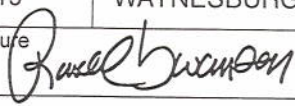
Print Form
RECEIVED
NOV 26 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/19/2019		Name of Building Owner/Operator (2) William Lee							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Lincroft, NJ 07738 Name of Contact William Lee							
<div style="text-align: right;">Telephone Number</div>									
<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) Lincroft		Square Feet 2450	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 862-264-9463	License No. 01306						
Start Date (10) 12/16/2019	Scheduled Completion Date (11) 12/17/2019	Name of OSHA Monitor Nari Construction LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Stocking Path							
<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 Lincoln Park, NJ 07035							
Scope of Work: (Check All That Apply)									
<input type="checkbox"/> ≥ 0 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
First Floor			x	Linoleum	400 SF	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 20 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Igor Jezdimirovic		Title P. Manager	Signature			Date 11/19/2019			

Inv 16122

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

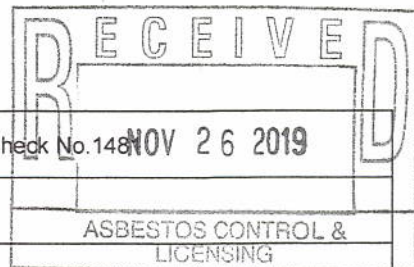
CHECK#1784

Date of Notification (1) 11/18/2019		Name of Building Owner/Operator (2) MARGARET HARDING		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 18px; font-weight: bold;">NOV 26 2019</div> <div style="margin-top: 10px; font-size: 12px; font-weight: bold;">ASBESTOS CONTROL &amp; REMEDIATION</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 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 BURLINGTON NJ 08016  Name of Contact MARGARET HARDING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) BURLINGTON			Square Feet 1360	# of Floors 2	Bldg. Age 100+				
County (6) BURLINGTON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE			Street Address 570 CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091			City, State, Zip Code MULLICA HILL NJ 08062						
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 11/19/2019		Scheduled Completion Date (11) 11/22/2019		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<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>RESIDENTIAL-BASEMENT VACATED DURING WORK</u>			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	140 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 11/22/2019	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 11/18/2019					



CK001481

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



Date of Notification (1) 11/19/2019		Name of Building Owner/Operator (2) Cherry Hill Public Schools		Check No. 148 NOV 26 2019	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 45 Ranoldo Terrace  City, State, Zip-Code Cherry Hill, New Jersey 08034  Name of Contact _____ Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Cherry Hill High School East			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 1750 Kresson Road			Square Feet 15000		# of Floors 1
City (5) Cherry Hill, New Jersey 08003			Bldg. Age 50+		
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 1253 N. Church Street			Street Address 246 Union Boulevard		
City, State, Zip Code Moorestown, New Jersey 08057			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm James A. Guilardi		Telephone No. 840-8831:31		Telephone No. 973-225-8400	
License No. 01104					
Start Date (10) 11/29/2019		Scheduled Completion Date (11) 12/04/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West  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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)
	Yes	No	N/A		
Cherry Hill East		X		Door Frame Caulk	300 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	
City, State Totowa, New Jersey		Disposal Date 12/04/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 	
				Date 11/19/2019	



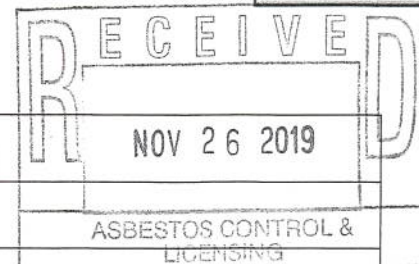
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
NOV 26 2019

Date of Notification (1) 11/21/2019		Name of Building Owner/Operator (2) LEVIN MANAGEMENT CORPORATION		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 326					
		City, State, Zip Code PLAINFIELD, NJ 07061		Telephone Number 908-226-8474					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SP #6 - GALLOPING HILL SHOPPING 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 (i.e. private & commercial buildings, homes, etc.)					
Street Address 1350 GALLOPING HILL ROAD				Square Feet					
City (5) UNION				# of Floors					
County (6) UNION				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC.		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 515 GROVE STREET, SUITE B		Street Address 11 VREELAND AVENUE							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm RALPH COPPOLA		Telephone No. 856-547-0505		License No. 00494					
Start Date (10) 12/2/2019		Scheduled Completion Date (11) 12/11/2019		Name of OSHA Monitor SAME AS (9) ABOVE					
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					
				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 20		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ		Disposal Date 12/11/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 11/21/2019			



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



Date of Notification (1) 11/21/2019		Name of Building Owner/Operator (2) LEVIN MANAGEMENT CORPORATION		NOV 26 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		P.O. BOX 326					
				City, State, Zip Code PLAINFIELD, NJ 07061					
		Name of Contact FRANK ATEHORTUA		Telephone Number 908-226-8474					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SP #7 - FORMER RADIO SHACK				Type of Facility (4)					
Street Address 1006 US HIGHWAY 46				<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) CLIFTON				Square Feet	# of Floors				
County (6) PASSAIC				Bldg. Age					
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) TWO BROTHERS CONTRACTING, INC.					
Street Address			Street Address 11 VREELAND AVENUE						
City, State, Zip Code			City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 973-956-8700	License No. 00494				
Start Date (10) 12/2/2019		Scheduled Completion Date (11) 12/11/2019		Name of OSHA Monitor SAME AS (9) ABOVE					
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: VACANT				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
GROUND FL STORE/SALES AREA		X		TILE & MASTIC	2,000 SF	X			
GROUND FL STORAGE AREA		X		TSI PIPE INSULATION	20 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING			NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ			Disposal Date 12/11/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS			Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 11/21/2019				



11/20/2019 10:18AM 9736381778

Check#3489

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:16)

RECEIVED  
PAGE 03/04  
NOV 26 2019  
DOL - 10 DAY  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
11 / 20 / 19

Name of Building Owner/Operator (2)  
Virginia Lewis  
Street Address  
[REDACTED]  
City, State, Zip Code  
Newark, NJ 07112  
Name of Contact  
Gabriela Bernal  
Telephone Number

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

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

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
Private house  
Street Address  
[REDACTED]  
City (5)  
Newark, NJ 07112  
County (6)  
Essex

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

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Street Address  
City, State, Zip Code  
Project Manager for Monitoring Firm  
Telephone No.

ASCM No.

Name of Abatement Contractor (9)  
Gr Tech LLC  
Street Address  
575 Valley Rd #283  
City, State, Zip Code  
Wayne, NJ 07470  
Telephone No.  
973-356-3511  
License No.  
01127

Start Date (10)  
11 / 21 / 19

Scheduled Completion Date (11)  
11 / 22 / 19

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

Name of OSHA Monitor  
Envirovision Consultants, Inc  
Street Address  
20-21 Wagaraw Road, Bldg. # 335  
City, State, Zip Code  
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >250 lf

☒ Renovation  
☐ Demolition

☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Tent with Negative Pressure  
☐ 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 S/F or L/F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-family room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
Gr Tech LLC  
City, State  
Wayne, NJ 07470

NJ DEP Waste Hauler ID No.  
0033785

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
T.R.R.F. Inc  
City, State  
Tullytown, PA

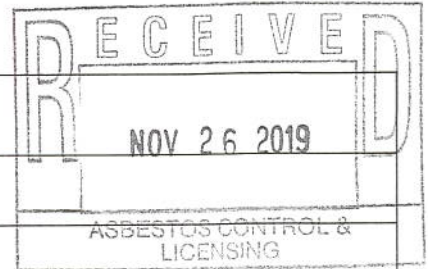
Completed By (Print or Type)  
N. Jevtic  
Title  
OWNER

Signature  
[Signature]  
Date  
11/20/19

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



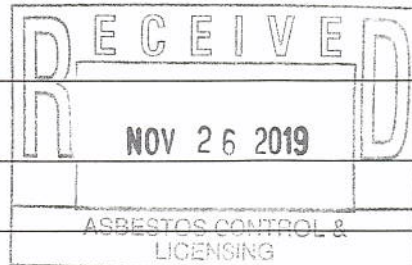
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 21 / 19			Name of Building Owner/Operator (2) 141 Kings Highway, LLC						
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 141 W. Kings Highway City, State, Zip Code Bellmawr, NJ 08031 Name of Contact John Krinis					
Telephone Number 610-365-1640									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 141 W. Kings Highway				Square Feet 10,000					
City (5) Bellmawr				# of Floors 1					
County (6) Camden				Bldg. Age 58					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 11645		Street Address 623 Cutler Avenue							
City, State, Zip Code Phialdelphia, PA 19116		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267-784-4693		License No. 00842					
Start Date (10) 12 / 10 / 19		Scheduled Completion Date (11) 12 / 24 / 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Liquor Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	223 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	3,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	6 SF	<input checked="" 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 60	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 12/24/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature 		Date 11/21/19			



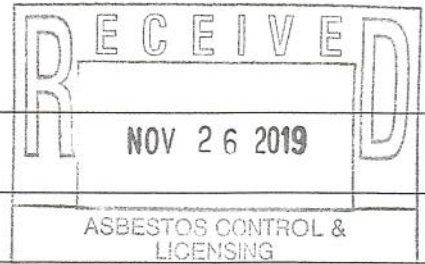
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>11 / 21 / 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>4</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) <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>	Telephone No. <b>856-755-0099</b> License No. <b>00842</b>						
Start Date (10) <b>09 / 30 / 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 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>11:00PM-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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Towns Square Area 1 Exterior Roof</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Roof Field, Flashing, Curb Flashing</b>	<b>20,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>90</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>11/21/19</b>			



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) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main Street</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>Eric Babek</b> Telephone Number <b>732-259-9870</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Toms River Toll Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>GSP Mile Marker 83.4 North</b>		Square Feet <b>1,200</b>							
City (5) <b>Toms River</b>		# of Floors <b>1</b>							
County (6) <b>Ocean</b>		Bldg. Age <b>58</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Toll Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services, LLC</b>		ASCM No. <b>00118</b>							
Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>		Street Address <b>623 Cutler Avenue</b>							
Street Address <b>464 Valley Brook Avenue</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		Telephone No. <b>856-755-0099</b>							
Project Manager for Monitoring Firm <b>Jarred Panecki</b>		License No. <b>00842</b>							
Telephone No. <b>201-438-4839</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Start Date (10) 10 / 24 / 19		Scheduled Completion Date (11) 11 / 29 / 19							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>10:00PM-6:00AM</b>		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
Locker Room and Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Room and Back Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>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>11/29/2019</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>11/21/19</b>		

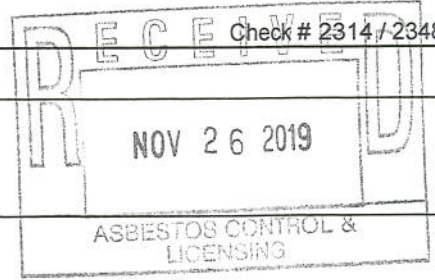


INV 16201  
CK 2348

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

Check # 2314 / 2348

Date of Notification (1) <b>November 22, 2019</b> <b>November 6, 2019</b>		Name of Building Owner / Operator (2) <b>J. P. Morgan Chase</b>	
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 checked="" type="checkbox"/> Amended Amendment #1 (corrected) <input type="checkbox"/> Cancellation	<b>1111 Polaris Parkway</b>	
		City, State & Zip Code <b>Columbus, OH 43240</b>	
		Name of Contact <b>Bruno Trindade - JLL for JPMorgan Chase</b>	Telephone Number <b>929-275-5318</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</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, home, etc.)	
Street Address <b>370 Essex Street</b>		Square Feet <b>4,000</b>	# of Floors <b>1</b>
City (5) <b>Lodi</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>		ASCM No.	
Street Address <b>120D Wilbur Place</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Bohemia, NY 11716</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Steve Cotrone</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>631-567-1777</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>November 23, 2019</b>	Scheduled Completion Date (11) <b>December 18, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (not near or in the work area)		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq$ 1f                  | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                       |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                   |
|  |                                     | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Soffit			X	White Caulk	325 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Hills</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 19, 2019</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>November 22, 2019</b> <b>November 6, 2019</b>						

\*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)

Date of Notification (1) <b>November 21, 2019</b> <b>November 6, 2019</b>		Name of Building Owner / Operator (2) <b>J. P. Morgan Chase</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>NOV 26 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	<b>1111 Polaris Parkway</b>  City, State & Zip Code <b>Columbus, OH 43240</b>			
		Name of Contact <b>Bruno Trindade - JLL for JPMorgan Chase</b>		Telephone Number <b>929-275-5318</b>	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</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, home, etc.)		
Street Address <b>370 Essex Street</b>			Square Feet <b>4,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50 Years</b>
City (5) <b>Lodi</b>			Current Use (Prior if being demolished) <b>Bank</b>		
County (6) <b>Bergen</b>		County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>			ASCM No.		
Street Address <b>120D Wilbur Place</b>			Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
City, State & Zip Code <b>Bohemia, NY 11716</b>			Street Address <b>829 Radio Road</b>		
Project Manager for Monitoring Firm <b>Steve Cotrone</b>			Telephone Number <b>631-567-1777</b>		License Number <b>00817</b>
Scheduled Start Date (10) <b>November 21, 2019</b>		Scheduled Completion Date (11) <b>December 18, 2019</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (not near or in the work area)			Street Address <b>829 Radio Road</b>		
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		

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

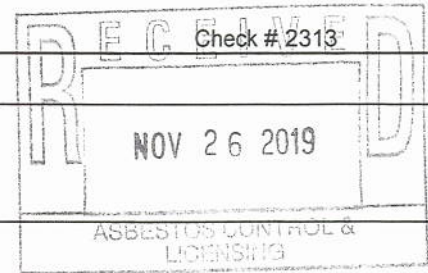
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Soffit			X	White Caulk	325 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 19, 2019</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature 		Date <b>November 21, 2019</b> <b>November 6, 2019</b>	

\*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)



Date of Notification (1) <b>November 14, 2019</b> <del>November 6, 2019</del>		Name of Building Owner / Operator (2) <b>J. P. Morgan Chase</b>	
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 Amendment # _____ <input type="checkbox"/> Cancellation	<b>1111 Polaris Parkway</b>  City, State & Zip Code <b>Columbus, OH 43240</b>	
		Name of Contact <b>Bruno Trindade – JLL for JPMorgan Chase</b>	Telephone Number <b>929-275-5318</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</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, home, etc.)	
Street Address <b>370 Essex Street</b>		Square Feet <b>4,000</b>	# of Floors <b>1</b>
City (5) <b>Lodi</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>120D Wilbur Place</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Bohemia, NY 11716</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Steve Cotrone</b>		Telephone Number <b>631-567-1777</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11) <b>December 18, 2019</b>	License Number <b>00817</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/ <u>Vacated</u> During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (not near or in the work area)		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Soffit			X	White Caulk	325 LF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 19, 2019</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature 	Date <b>November 14, 2019</b> <del>November 6, 2019</del>

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



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Check # 2314  
NOV 26 2019  
ASBESTOS CONTROL &  
LIVENSIGHT

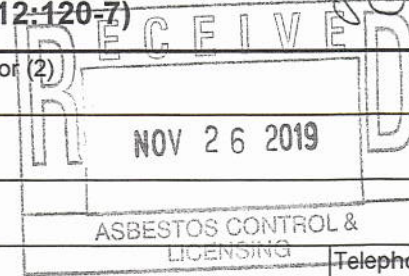
*\*Do not use this form for asbestos licensure exempted activities.*



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

*Inv 16062*

**PAID**



*CK 8034*

Date of Notification 11/14/19		Name of Building Owner / Operator (2) <b>Murray Construction</b>	
Agencies Notified EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	Type of Notification <b>X</b> Emergency Notification Initial Notification Amended Notification Cancellation	Street Address <b>374 Millburn Ave</b>	
		City, State & Zip Code <b>Millburn, NJ 07041</b>	
		Name of Contact <b>Michael Nachtome</b>	
		Telephone Number <b>973-376-7650</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Office</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>387 Millburn Ave</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>
City (5) <b>Millburn</b>	County (6) <b>Essex</b>	Bldg. Age <b>60+</b>	
Current Use (Prior if being demolished) <b>Commercial</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07716</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>11/15/19</b>	Scheduled Completion Date (11) <b>11/18/19</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <b>X</b> Abatement Performed Outside of Normal Facility Hours - Describe: <b>After 5pm</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> Glovebag <input type="checkbox"/> <b>X</b> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Other: <b>Non-friable</b>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
<b>1<sup>st</sup> floor</b>	<b>N/A</b>	<b>Contaminated ceiling tile clean up</b>	<b>400SF</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/18/19</b>	Name of Registered Landfill <b>Cumberland County</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Signature <i>Dominick Tringali</i>	Date <b>11/14/19</b>



Inv 16299

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

NOV 26 2019

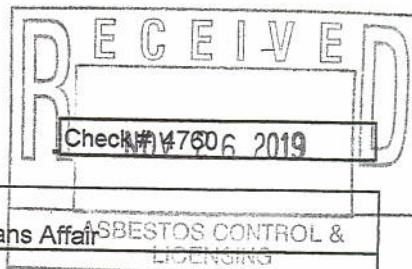
Check # 10814

Date of Notification (1) Nov 22 2019		Name of Building Owner/Operator (2) Susan Popok						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Eaton town NJ 07724						
		Name of Contact Susan Popok	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet	# of Floors 2					
City (5) Eaton town NJ 07724		Bldg. Age 60+-						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) Dec 3, 2019	Scheduled Completion Date (11) Dec 3, 2019	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Family Den		X	Floor Tiles	300 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date Dec 4, 2019		City, State Moansville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date Nov 27, 2019		



CK 47760

PAID



Project #

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

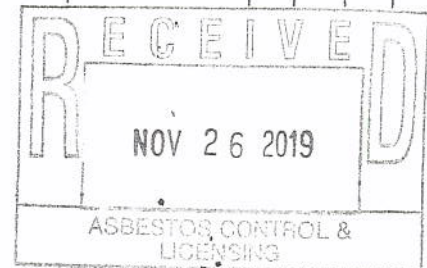
Check # 47606 2019

Date of Notification (1) 11/22/2019		Name of Building Owner/Operator (2) NJ Department Of Military and Veterans Affairs							
Agencies Notified	Type Notification	Street Address 101 Eggert Crossing Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 type="checkbox"/> Cancellation	City, State, Zip Code Lawrence, NJ 08648							
		Name of Contact Ed Sain	Telephone Number (732) 974-4894						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) National Guard Dining Hall Building 11		Type of Facility (4)							
Street Address 100 Camp Drive		<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) Sea Girt, NJ 08750		Square Feet 21,000	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		Current Use (Prior if being demolished) Dining Hall							
Street Address 344 West State St		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Trenton, NJ 08618		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm William Weisgarber, Jr.		City, State, Zip Code Randolph NJ 07869							
Telephone No. (609) 656-8101		Telephone No. 973-933-2550	License No. 01358						
Start Date (10) 12/02/2019	Scheduled Completion Date (11) 12/18/2019	Name of OSHA Monitor Nick Restoration LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 72 Brookside Rd							
<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 Randolph NJ 07869							
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 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
1st floor - toilets, shower area		X		paper pipe-fittings wrap & cut	100 LF	X			
1st floor- Kitchen area		X		tan sealant caulk-metal freezer	300 LF	X			
Kitchen area		X		gaspipe-threadsealant wrap&cu	100 units	X			
1 floor		X		door caulk	340 LF	X			
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		Date 11/22/2019			

↓  
CONTINUATION SHEET

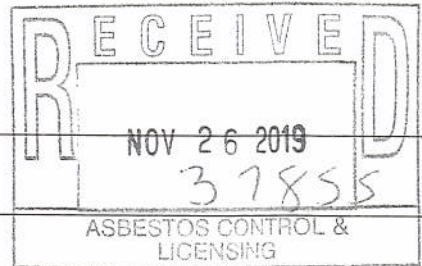


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		X		Light Pad Insulation	1 SF	X			
1st floor		X		Duct vibration joint cloth	32 SF	X			





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



Date of Notification (1) 11 / 22 / 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	ASBESTOS CONTROL & LICENSING
		Name of Contact Richard Hyde	Telephone Number 732-762-7365

**FACILITY INFORMATION**

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 1000	
City (5) Manasquan		# of Floors 1	Bldg. Age 65
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	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.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 12 / 02 / 19	Scheduled Completion Date (11) 12 / 04 / 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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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	1000 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 12/04/19	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/22/19



Inv 16214

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

PAID

34866

RECEIVED  
 NOV 26 2019  
 ASBESTOS CONTROL & CENSING

## Date of Notification (1)

11 / 22 / 19

## Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

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

## Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

## Street Address

1 RIVERVIEW PLAZA

## City, State, Zip Code

RED BANK, NEW JERSEY 07701

## Name of Contact

ERIC MATTSON

## Telephone Number

732-450-2689

## FACILITY INFORMATION

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

RIVERVIEW MEDICAL CENTER

## Type of Facility (4)

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

## Street Address

1 RIVERVIEW PLAZA-2ND FLOOR

## Square Feet

250,000

## # of Floors

6

## Bldg. Age

65

## City (5)

RED BANK

## County (6)

MONMOUTH

## County Code (7)

(STATE USE ONLY)

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

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

ENVIRONMENTAL TACTICS

## ASCM No.

17

## Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

## Street Address

64 BROAD STREET

## City, State, Zip Code

MATAWAN, NEW JERSEY 07747

## Street Address

313 SPOOK ROCK ROAD

## City, State, Zip Code

SUFFERN, NEW YORK 10901

## Project Manager for Monitoring Firm

THOMAS GEIGER

## Telephone Number

732-290-2236

## Telephone Number

845-369-7500

## License Number

1101

## Expected State Date (10)

12 / 02 / 19  
Month Day Year

## Sched. Completion Date (11)

1 / 30 / 20  
Month Day Year

## Name of OSHA Monitor

QUALITY ENVIRONMENTAL

## Occupancy Status During Abatement (Check only one)

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

Street Address  
1376 ROUTE 9


## City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

## Scope of Work (Check all that apply)

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

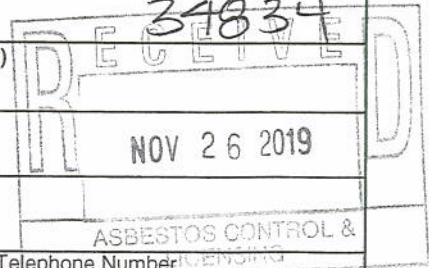
☐ Criticals with Negative Pressure  
☐ Mini-Enclo,  
☐ Glovebag Procedure  
☒ Non-Friable Procedure

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
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 11/22/19			



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

34834



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

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1 RIVERVIEW PLAZA-2ND FLOOR		<b>Square Feet</b> 250,000	<b># of Floors</b> 6
<b>City (5)</b> RED BANK	<b>County (6)</b> MONMOUTH	<b>County Code (7) (STATE USE ONLY)</b>	<b>Bldg. Age</b> 65
		<b>Current Use (Prior if being demolished)</b> Pharm. Lab. HOSPITAL	

<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 64 BROAD STREET		<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		

<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER	<b>Telephone Number</b> 732-290-2236	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
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<b>Expected State Date (10)</b> 11 / 25 / 19 Month Day Year	<b>Sched. Completion Date (11)</b> 1 / 30 / 20 Month Day Year	<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL
---	---	--

<b>Occupancy Status During Abatement (Check only one)</b> <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		<b>Street Address</b> 1376 ROUTE 9
		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590

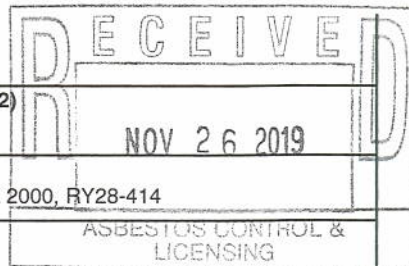
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo. <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			

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



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



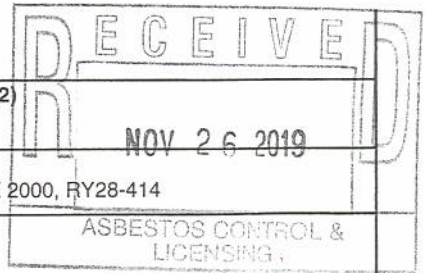
<b>Date of Notification (1)</b> 11 / 22 /19		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> KINNARI PATEL	<b>Telephone Number</b> 732-594-6352

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  MERCK SHARP & DOHME			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 N			<b>Square Feet</b> 40,000
			<b># of Floors</b> 1
			<b>Bldg. Age</b> 57
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 845-369-7500
			1101
<b>Expected State Date (10)</b> 11 / 19 /19 Month Day Year		<b>Sched. Completion Date (11)</b> 11 / 22 /19 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
		<b>Street Address</b> 117 EAST 30TH STREET	
		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
<b>Scope of Work (Check all that apply)</b>			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encllo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR ROOM C57, C51B, C61E, C65				VAT & MASTIC	12 SF	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 5	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
<b>City, State</b> FREEHOLD, NEW JERSEY			<b>Disposal Date</b> 11/19-1/30/20	<b>City, State</b> MONTGOMERY, PA 17752					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/22/19					



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



<b>Date of Notification (1)</b> 11 / 8 /19		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b>		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	<b>Name of Contact</b> KINNARI PATEL	
		<b>Telephone Number</b> 732-594-6352	

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 N		<b>Square Feet</b> 40,000	<b># of Floors</b> 1
<b>City (5)</b> RAHWAY		<b>Bldg. Age</b> 57	
<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 19 /19		<b>Sched. Completion Date (11)</b> 1 / 30 /20	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encllo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR ROOM C57, C51B, C61E, C65				VAT & MASTIC	12 SF	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 5	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752						
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11-7-19						



# PAID

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

Date of Notification (1)

11/23/2019

Name of Building Owner/Operator (2)

Roger Wong

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

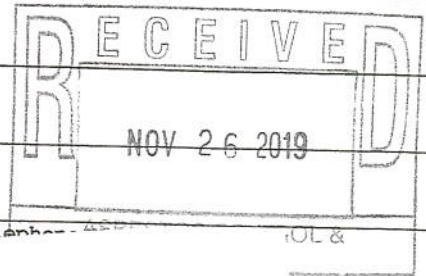
Maplewood, NJ, 07040

Name of Contact

Roger Wong

Telephone

FAX



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Roger Wong

Street Address

City

Maplewood

County

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

12-2-19

Sched. Completion Date (11)

12-3-19

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»

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 Main-  
tenance/  
Custodial  
Staff (12)

Yes

No

N/A

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

Amount  
(Specify  
SF or  
LF)

Abatement Type

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

Basement

Pipe insulation

100LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste  
Hauler ID No.  
17040

Cubic Yards  
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date  
12-4-19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

11/23/2019

149 Midland Boulevard



CK 2192

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

RECEIVED	Print Form
NOV 26 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11-14-19 <i>Inv 16064</i>		Name of Building Owner/Operator (2) Melsy Builders LLC							
Agencies Notified	Type Notification	Street Address 5 Madden Ct.							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08820							
		Name of Contact Fernando Luis	Telephone Number (908) 296-3758						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 11-15-19	Scheduled Completion Date (11) 11-16-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	10 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 11-19-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature <i>[Signature]</i>			Date 11-14-19		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

*Inv 16332*

**PAID**

*CK*  
*8035*

Date of Notification (1) <b>November 21, 2019</b>		Name of Building Owner/Operator (2) <b>NRG Rema, LLC</b>	
Agencies Notified [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type of Notification [X] Initial Notification [ ] Amended Notification Amendment # _____ [ ] Emergency (including justification) [ ] Cancellation	Street Address <b>121 Champion Way</b>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>NOV 26 2019</b> </div>
		City, State, Zip Code <b>Canonsburg, PA 15317</b>	
		Name of Contact <b>Peter B. Gallardy</b>	
		Telephone Number <b>724-597-8025 IG</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former JCP&amp;L Power Plant – Gilbert Generating Station</b>			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>415 Riegelsville Road</b>			<i>08848</i>		
City <b>Riegelsville</b>	County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Square feet <b>240,000 sf</b>	# of Floors <b>5</b>	Bldg. Age <b>60+/-</b>
			Current Use (Prior if being demolished) <b>Retired Steam Plant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>12/2/19</b>		Scheduled Completion Date (11) <b>12/7/19</b>		Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>	
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe <u>Exterior Cleanup</u>			Street Address <b>64 Broad Street</b>		
			City, State, Zip Code <b>Matawan, NJ 07747</b>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[X] Renovation		[ ] Full Containment with Negative Pressure	
[X] ≥160 sf or ≥260 lf		[ ] Demolition		[ ] Mini-Enclosure	
				[X] Glovebag Procedure	
				[X] (Other) Exterior Debris Clean-up	

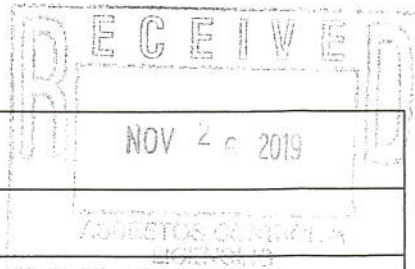
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	R	R	E			E	N	C	E	
Exterior grounds			X	Paint chips	1,000 SF	X				
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID No. <b>18693</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>12/10/19</b>		City, State <b>Morrisville, PA</b>						
Completed by (Print or Type) <b>Dominick Tringali</b>		Title <b>Managing Member</b>		Signature <b>Dominick Tringali</b>				Date <b>11/21/19</b>		

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



Inv# 110293  
CK1894 PAID

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



Date of Notification (1) 11 / 22 / 19		Name of Building Owner/Operator (2) Metro Real Estate Development Corp.	
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 2 Broad Street, Suite 305	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Warren Sprake	Telephone Number 908-670-5711

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		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 610-612 Avenue		Square Feet	# of Floors
City (5) Bloomfield, NJ		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 12 / 02 / 19	Scheduled Completion Date (11) 01 / 06 / 20	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

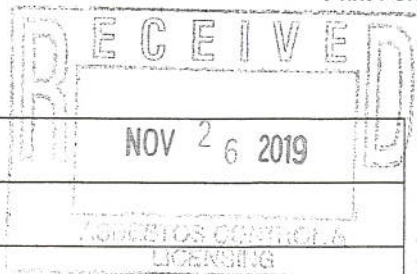
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing Sealer	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing Sealer	280 LF	<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 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"/>

Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 11/22/19		



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



Inv# 16292  
OK822  
PAID

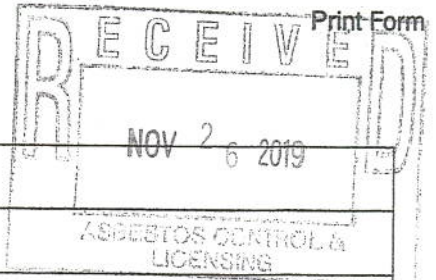
Date of Notification (1) 11/22/2019		Name of Building Owner/Operator (2) Jacqueline Babernitsch		NOV 26 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Mountainside, NJ, 07092 Name of Contact Jean Goydish Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Mountainside				Square Feet N/A	# of Floors N/A				
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address				Street Address 89 FRANKLIN STREET					
City, State, Zip Code				City, State, Zip Code PATERSON, NJ, 07524					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-5144	License No. 01274				
Start Date (10) 12/03/2019		Scheduled Completion Date (11) 12/04/2019		Name of OSHA Monitor EHW ABATEMENT LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 89 FRANKLIN STREET					
<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 PATERSON, NJ, 07524					
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	60 LF	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE transfer				
City, State PATERSON, NJ				Disposal Date TBD		City, State Bronx, NY			
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 11/22/2019			



Inv# 16291

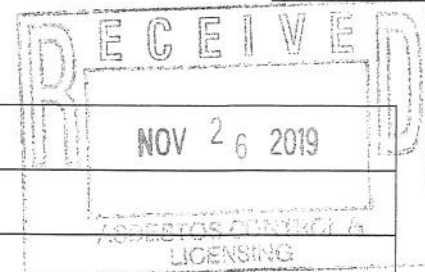
CK805 PAID

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



Date of Notification (1) 11/22/2019		Name of Building Owner/Operator (2) N.J.I.T						
Agencies Notified	Type Notification	Street Address University Heights						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07102						
		Name of Contact Todd Miller	Telephone Number 973-596-5509					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Tiernan Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 161 Warren Street		Square Feet N/A	# of Floors N/A					
City (5) Newark		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COLLEGE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144					
Start Date (10) 12/02/2019		Scheduled Completion Date (11) 12/03/2019	License No. 01274					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EHW ABATEMENT LLC						
		Street Address 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ, 07524						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
ROOM 320		X		TRANSITE PANEL	40SF	X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER				
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 11/22/2019		

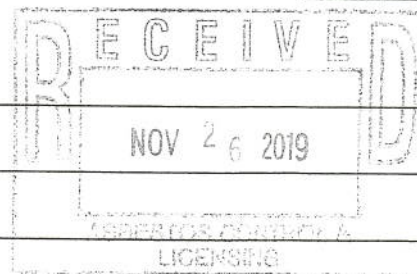
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) Telaya Parham							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Telaya Parham	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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 1700	# of Floors 2						
City (5) East Orange		Bldg. Age 65+/-							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/24/19	Scheduled Completion Date (11) 11/26/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 Wrap	19 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 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) NJDPMC							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State St., 9th Floor							
		City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		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 1644 Essex Street		Square Feet 1600	# of Floors 2 1/2						
City (5) Rahway, NJ 07065		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/22/19	Scheduled Completion Date (11) 11/25/19	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire House (RACM) per spec			X	other miscellaneous	1600 LF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 200	Name of Registered Landfill Blyth Landfill					
City, State Kinnelon, NJ			Disposal Date 11/25/19	City, State New Philadelphia, PA					
Completed by Rafael Nunez		Title Project Manager	Signature 	Date 11/21/19					



Inv# 16301

PAID

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

Check # 1314

Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) PROLOGIS, L.P.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 555 MACARTHUR BLVD.							
		City, State, Zip Code MANTWAH, NJ 07430							
		Name of Contact WALTER P.	Telephone Number 973-415-8835						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 MACARTHUR BLVD		Square Feet 120,000	# of Floors 2						
City (5) MANTWAH		Bldg. Age 55							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE OFFICE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 12/2/19	Scheduled Completion Date (11) 12/16/19	Name of OSHA Monitor Omega Environmental Servicer 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 Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 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 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
LOCKER ROOMS			X	GLUE POTS	425 SF	X			
OUTSIDE WINDOWS			X	GLAZING	1400 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105			Disposal Date 12/2/19	City, State Pen Argyl, PA 06072					
Completed by R. McDonald		Title President	Signature R. McDonald	Date 11/21/19					



B &amp; G proj. #:

2019-243

PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
RESUME 11/25/2019

Check # 9758

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) Deborah Little	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Kearny, NJ 07032	
Name of Contact Deborah Little		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Deborah Little			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Kearny, NJ 07032	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/25/2019		Sched. Completion Date (11) 11/26/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	200 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/26/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/22/2019



B &amp; G proj. #: 2019-243

State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:60-7 and 12:120-7)  
 ON HOLD until further notice

Check # N/A

Date of Notification (1) 10/12/19		Name of Building Owner/Operator (2) Deborah Little		<div style="border: 2px solid black; padding: 5px; text-align: center;">             RECEIVED              NOV 26 2019           </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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032		
		Name of Contact Deborah Little		
		Telephone Number [REDACTED]		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Deborah Little			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Kearny, NJ 07032	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) ON HOLD		Sched. Completion Date (11) 12/31/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	200 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/31/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/25/2019



Inv# 16304

B &amp; G proj. #:

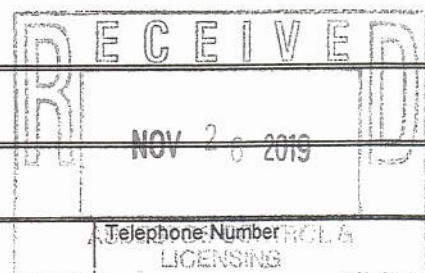
2019-259

PAID

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

Check # 9764

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) Rob Edgar	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Somerville, NJ 08876	
Name of Contact Rob Edgar		Telephone Number [REDACTED]	



## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rob Edgar			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Somerville, NJ 07924			# of Floors [REDACTED]		
County (6) Somerset			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		[REDACTED]		Street Address 105 Ryerson Road	
City, State, Zip Code [REDACTED]		[REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number (973)696-6869	
[REDACTED]		[REDACTED]		License Number 00378	
Scheduled Start Date (10) 12/06/2019		Sched. Completion Date (11) 12/09/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: [REDACTED] <input type="checkbox"/> Other-Describe: [REDACTED]		[REDACTED]		Street Address 105 Ryerson Road	
[REDACTED]		[REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

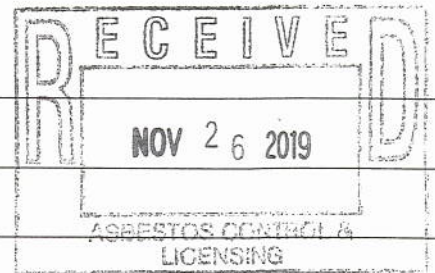
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
above the boiler			X	transite board	12 sf	X			
basement			X	pipe	50 lf			X	

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 12/09/2019		City, State Pen Argyl, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 11/22/2019	



Inv# 16307  
OK 5829 PAID

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) ENTERPRISE RENT-A-CAR		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 26 2019 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address 585 E. SWEDESFORD ROAD			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, PA 19087			
		Name of Contact DAN SMITH		Telephone Number 215-356-7157	

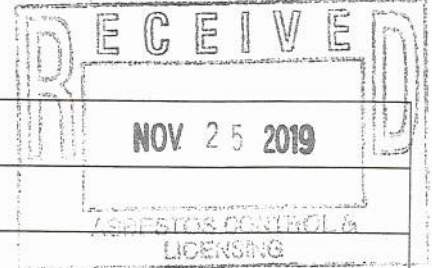
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ENTERPRISE			Type of Facility (4)		
Street Address 125 N. BLACKHORSE PIKE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) BELLMAWR			Square Feet 7800	# of Floors 1	Bldg. Age +/-50
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES		
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET			
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137			
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155	License No. 01166	
Start Date (10) 12-2-19	Scheduled Completion Date (11) 12-16-19		Name of OSHA Monitor VERTEX COMPANIES		
Occupancy Status During Abatement (Check Only One)			Street Address 700 TURNER WAY		
<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 ASTON, PA 19014		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			X	FLASHING/SILVER FLASHING	430SF	X			
main floor			x	VAT AND MASTIC	5,000SF	X			
MECHANICAL ROOM			X	VAT AND MASTIC	40	X			
OVERHANG			X	TRANSITE	1400	X			

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA	
City, State YARDLEY, PA		Disposal Date		City, State LIBSON, OH	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 	Date 11-22-19



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



*In # 16306*  
*CK 73029*  
**PAID**

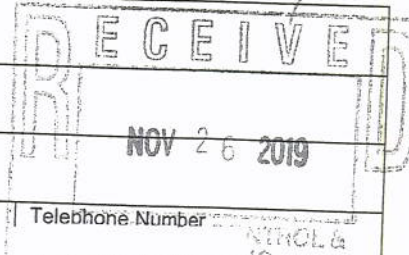
Date of Notification (1) 11/20/2019		Name of Building Owner/Operator (2) United State Golf Association	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 77 Liberty Corner Road City, State, Zip Code Liberty Corner, NJ 07938 Name of Contact Rich Tedalddi Telephone Number 516-754*9463
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) [Redacted] Street Address [Redacted] City (5) Bernard Township <i>Fair Hills</i> <i>07931</i> County (6) Somerset County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Street Address 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410 Project Manager for Monitoring Firm TBD Start Date (10) 12/2/2019 Scheduled Completion Date (11) 12/2/2019		Name of Abatement Contractor (9) Incinia Contracting, Inc Street Address 1360 Clifton Avenue Unit 365 City, State, Zip Code Clifton, NJ 07012 Telephone No. 973-450-9500 License No. 01036 Name of OSHA Monitor Incinia Contracting, Inc Street Address 1360 Clifton Avenue Unit 365 City, State, Zip Code Clifton, NJ 07012	
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: _____			
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Attic	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Vermiculite
	Amount (Specify SF or LF) 100 SF		Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler Atlantic Carting LTD City, State Wayne, NJ		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 1 Disposal Date TBD
Name of Registered Landfill Grand Central Sanitary Landfill City, State Pen Argyl, PA		Completed by Adam Vurchio Title Administrator Signature [Signature] Date 11/20/2019	



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

IN # 102317 **PAID**

CK # 1267

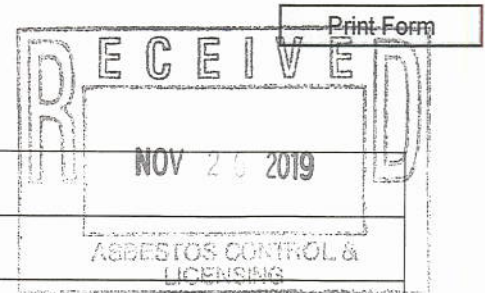


Date of Notification (1) 11/22/2019		Name of Building Owner/Operator (2) Frederick Stewart							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]						
			City, State, Zip Code Jersey City, NJ 07307						
		Name of Contact Fred	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
Start Date (10) 12/02/2019		Scheduled Completion Date (11) 12/12/2019	License No. 01332						
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 Other - Describe: 8:00am - 4:30pm		Name of OSHA Monitor Same as (9)							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	138 LF	X		X	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 11/22/2019			



Inv# 16202  
CK 2413 PAID

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) Marie Hanlon						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsdale, NJ 07642						
		Name of Contact Marie Hanlon	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential 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) Hillsdale		Square Feet 1700	# of Floors 2					
		Bldg. Age 65+/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.						
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663						
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305					
Start Date (10) 11/25/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input 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
Basement		x		Pipe Wrap	23 LF	x		
Garage		x		Pipe Wrap	14 LF	x		
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President	Signature 		Date 11/21/19			



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

chk# 3656

Date of Notification (1) 11 / 20 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number 609-258-1841						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Road									
City (5) Princeton		Square Feet	# of Floors 70						
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office/Classrooms							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 12 / 2 / 19	Scheduled Completion Date (11) 12 / 6 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
Room B-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	400 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State FAIRLESS HILLS, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro /gr			Date 11-20-19			

ASB-41  
MAY 11 10519152

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



Inv # 16319

B & G proj. #: 2019-257

PAID

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

Check # 9755

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) Ann Lucas		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 26 2019 ASBESTOS CONTROL </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Bernardsville, NJ 07924		
		Name of Contact Ann Lucas		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ann Lucas			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Bernardsville, NJ 07924	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/02/2019	Sched. Completion Date (11) 12/03/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

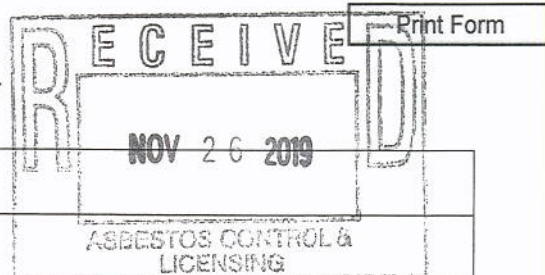
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
#18 side boiler & laundry room			<input checked="" type="checkbox"/>	pipe insulation	52 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#20 side boiler & laundry room				pipe insulation	36 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/03/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/21/2019



Inv# 16203  
CK2412 PAID

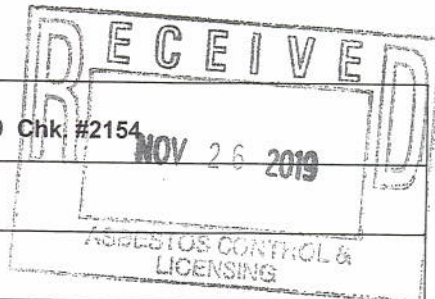
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) Alan Rubenstein							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact Valerie Rubenstein	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Teaneck	Square Feet 3100	# of Floors 2	Bldg. Age 65+/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/22/19	Scheduled Completion Date (11) 11/25/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		VAT	521 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 11/21/19		



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



INV# 10322  
CK2154 PAID

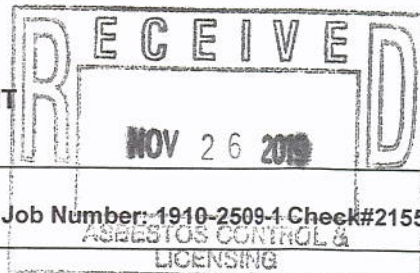
Date of Notification (1) 11 / 21 / 19		Name of Building Owner/Operator (2) Tony Mullarkey / Job #1911-2519 Chk. #2154							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Tony Mullarkey	Telephone Number						
<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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Kearny		Square Feet +/- 1500 SF	# of Floors 2						
		Bldg. Age 1925							
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 617 Stokes Road #4-318		Street Address 1835 Underwood Blvd							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Delran, NJ 08075							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	License No. 00862						
Start Date (10) 12 / 3 / 19	Scheduled Completion Date (11) 12 / 3 / 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 U.S. 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 12/3/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 11/21/19			



Page 1 of 2  
CK 2155

Inv# 10325  
PAID

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



Date of Notification (1) <b>11 / 21 / 19</b>		Name of Building Owner/Operator (2) <b>County of Camden</b>		Job Number: <b>1910-2509-1 Check#2155</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>520 Market Street</b> City, State, Zip Code <b>Camden, NJ 08102</b> Name of Contact <b>Chris Tassi</b>	
				Telephone Number <b>609-670-1929</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Forest Hall</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>509 Lakeland Road</b>					
City (5) <b>Blackwood</b>			Square Feet <b>12000</b>	# of Floors <b>2</b>	Bldg. Age <b>60</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>Pennoni Associates</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>515 Grove Street</b>				Street Address <b>1835 Underwood Blvd</b>	
City, State, Zip Code <b>Haddon Heights, NJ</b>				City, State, Zip Code <b>Delran, NJ 08075</b>	
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <b>11 / 30 / 19</b>		Scheduled Completion Date (11) <b>12 / 5 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>Weekend work and 2nd shift work</u>			Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		Yes	No		
SEE ATTACHED SCOPE		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ATTACHED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>
City, State <b>Lafayette, NJ</b>		Disposal Date <b>12/5/19</b>		City, State <b>Penn Argyle, PA</b>	
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Office Assistant</b>		Signature 	Date <b>11-21-19</b>

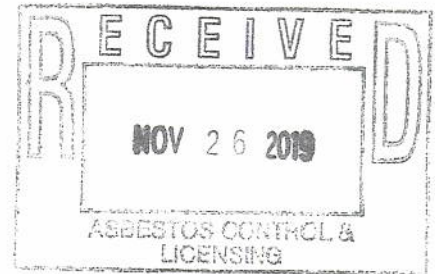




1910-2509-1  
CHK # 2155

PAGE 2 of 2

Forrest Hall  
509 Lakeland Road  
Blackwood, NJ



**SCOPE OF WORK**

- AMS proposes to provide tent enclosure for waste/debris pile on first floor, including air filtration devices
- AMS proposes to remove and dispose of approximately 3 CY of asbestos pipe insulation waste/debris
- AMS proposes to provide tent enclosure for floor tile and mastic area on second floor totaling approximately 200 SF
- AMS proposes to remove and dispose of approximately 200 SF of floor tile and mastic on second floor
- AMS proposes to provide tent enclosure for waste/debris pile in basement, including air filtration devices
- AMS proposes to remove and dispose of approximately 3 cy of asbestos pipe insulation waste /debris
- AMS proposes to remove and dispose of approximately 22 elbows/fittings with asbestos insulation, in the basement, utilizing wrap and cut
- AMS proposes to wet wipe and/or HEPA vacuum both ends of first and second floor including utilizing air filtration devices

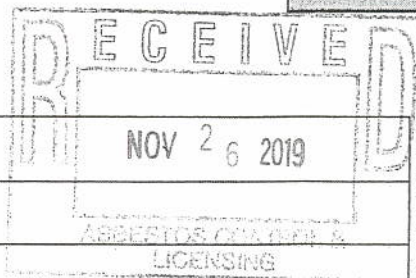
A handwritten signature in black ink, appearing to be "KO" with a long horizontal stroke extending to the right.

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Asbestos and Mold Services, Corp. P.O. Box 1239 Delran, NJ 08075  
Phone 609.702.0400 Fax 609.702.1013

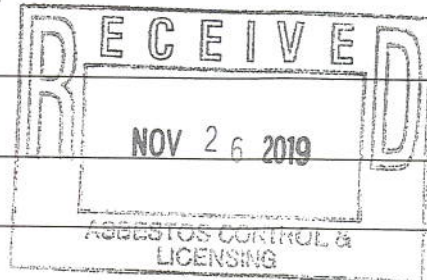


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) November 22, 2019		Name of Building Owner/Operator (2) Passaic Valley Water Commision							
Agencies Notified	Type Notification	Street Address 1525 Main Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # 1 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton NJ 07011							
		Name of Contact Louis Amodio	Telephone Number 973-340-4300						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Main Pump Station		Type of Facility (4)							
Street Address 800 Union Boulevard		<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 15,000	# of Floors 1						
County (6) Passaic		Bldg. Age 100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Water Pump Station							
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) Polmax Corporation						
Street Address 5 Marine View Plaza		Street Address 44 Koster Street 2nd floor							
City, State, Zip Code Hoboken NJ 07030		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm Michael Novak		Telephone No. 201-876-9400	License No. 01361						
Start Date (10) September 23, 2019	Scheduled Completion Date (11) April 30, 2020		Name of OSHA Monitor tbd						
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>vacated for construction to minimum</u>		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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 windows			x	miscellaneous - glass glazing	37 windows	x			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State 623 Dowd Ave, Elizabeth NJ			Disposal Date tbd	City, State 1000 New Ford Mill Road					
Completed by Kielczewski Slawomir		Title CEO	Signature <i>Slawomir Kielczewski</i>			Date 11/22/2019			





Date of Notification (1) 9 / 12 / 19		Name of Building Owner/Operator (2) Virtua	
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd	
		City, State, Zip Code Marlton NJ 08053	
		Name of Contact Pat Giordano	Telephone Number 856 355-0923

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-		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 1600 Haddon Avenue			
City (5) Camden		Square Feet >50,000	# of Floors 7
		Bldg. Age 30+	
County (6) Camden	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc
Street Address 700 Turner Way, Suite 105		Street Address 1345 Industrial Blvd	
City, State, Zip Code Aston, Pa 19014		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm Don Heim		Telephone No. 610 558-8902	License No. 00783
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 12 / 31 / 19		Name of OSHA Monitor Criterion
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/ PM-7AM <i>Monday - Sunday</i>		Street Address 400 Street Road	
		City, State, Zip Code Bensalem Pa 19020	
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) IN Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please See Attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator	Signature <i>Christine Del Viscio</i>		Date 11-22-2019



NOV 26 2009  
 ASBESTOS CONTROL  
 USED SOLELY BY  
 MAINTENANCE/  
 CUSTODIAL STAFF?

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Cellar	YES						
Hallway	X	Pipe Insulation fiberglass seam mastic	50 Ea				
Hallway adjacent M elevator	X	Pipe Insulation	45 LF	X		X	
Lab/hall adjacent Bye office	X	Pipe Insulation	35 LF	X			
David Bye Office	X	Pipe Insulation	100 LF	X			
Hallway adjacent boiler room	X	Pipe Insulation	100 LF	X			
Room C-33	X	Residual debris on fittings	5 ea	X			
Transition hallway from main to north wing	X	Pipe Insulation	50 LF				
Hallway north at electric rm	X	Seam mastic on Fiberglass pipe insulation	200 ea			X	
Sterile processing offic	X	12" tan floor tilee	240 SF	X			
Basement Level							
EP Lab 1	X	Pipe Insulation(penetration	1 LF	X			
Material management	X	12" tan floor tile w/mastic	145 SF	X			
Main Bldg 1st FI Wellness Room (Future IDP)							
Wellness Room above ceiling	X	Pipe Insulation	15 LF	X			
North Wing 2nd Floor Social Work Office (Furture IDP)							
North social work office throughout	X	12 X 12 Beige Floor Tile	150 SF	X			
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)							
Room 401 consultation room t/o	X	Mastic a/w non-ACM 12"x 12"	220 SF	X			
Main Building 7th Floor Room 701 (Future IDP)							
Room 701 Throughout	X	Pipe Insulation (Above Ceiling Tile	40 LF	X			
Room 416	X	Floor tile and mastic	180 SF	X			

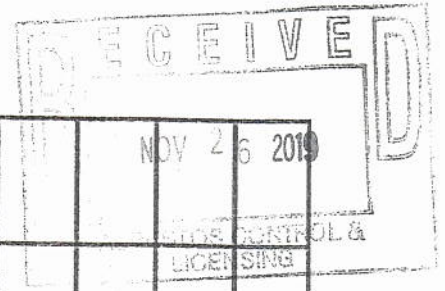


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ASBESTOS CONTROL & LICENSING

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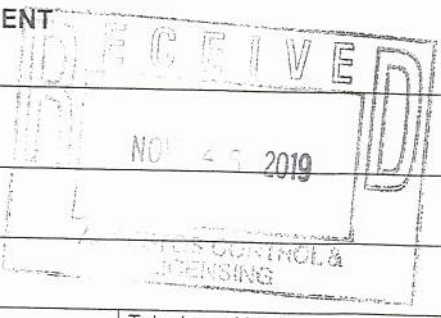


LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO					
Cellar		N/A					
Hallway		X	50 Ea			X	
Hallway adjacent M elevator		X	45 LF	X			
Lab/hall adjacent Bye office		X	35 LF	X			
David Bye Office		X	100 LF	X			
Hallway adjacent boiler room		X	100 LF	X			
Room C-33		X	5 ea	X			
Transition hallway from main to north wing		X	50 LF				
Hallway north at electric rm		X	200 ea			X	
Sterile processing office		X	240 SF	X			
Basement Level							
EP Lab 1		X	1 LF	X			
Material management		X	145 SF	X			
Main Bldg 1st Fl Wellness Room (Future IDP)							
Wellness Room above ceiling		X	15 LF	X			
North Wing 2nd Floor Social Work Office (Future IDP)							
North social work office throughout		X	150 SF	X			
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)							
Room 401 consultation room t/o		X	220 SF	X			
Main Building 7th Floor Room 701 (Future IDP)							
Room 701 Throughout		X	40 LF	X			





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



Date of Notification (1) 9 / 12 / 19		Name of Building Owner/Operator (2) Virtua							
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 20 Stow Rd City, State, Zip Code Marlton NJ 08053							
		Name of Contact Pat Giordano	Telephone Number 856 355-0923						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-		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 1600 Haddon Avenue									
City (5) Camden		Square Feet >50,000	# of Floors 7						
County (6) Camden		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address 700 Turner Way, Suite 105		Street Address 1345 Industrial Blvd							
City, State, Zip Code Aston, Pa 19014		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610 558-8902	Telephone No. 215 322-2900						
Start Date (10) 9 / 26 / 19		License No. 00783							
Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Criterion							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ _____ PM- _____ AM		Street Address 400 Street Road City, State, Zip Code Bensalem Pa 19020							
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) 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please See Attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-12-2019			



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
CELL		NOV 26 2019								
Cellar	YES	NO	N/A							
Hallway		X		Pipe Insulation fiberglass seam mastic		50 Ea			X	
Hallway adjacent M elevator		X		Pipe Insulation		45 LF	X			
Lab/hall adjacent Bye office		X		Pipe Insulation		35 LF	X			
David Bye Office		X		Pipe Insulation		100 LF	X			
Hallway adjacent boiler room		X		Pipe Insulation		100 LF	X			
Room C-33		X		Residual debris on fittings		5 ea	X			
Transition hallway from main to north wing		X		Pipe Insulation		50 LF				
Hallway north at electric rm		X		Seam mastic on Fiberglass pipe insulation		200 ea			X	
Sterile processing office		X		12" tan floor tilee		240 SF	X			
Basement Level										
EP Lab 1		X		Pipe Insulation/penetration		1 LF	X			
Material management		X		12" tan floor tile w/mastic		145 SF	X			
Main Bldg 1st Fl Wellness Room (Future IDP)										
Wellness Room above ceiling		X		Pipe Insulation		15 LF	X			
North Wing 2nd Floor Social Work Office (Future IDP)										
North social work office throughout		X		12 X 12 Beige Floor Tile		150 SF	X			
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)										
Room 401 consultation room t/o		X		Mastic a/w non-ACM 12" x 12"		220 SF	X			
Main Building 7th Floor Room 701 (Future IDP)										
Room 701 Throughout		X		Pipe Insulation (Above Ceiling Tile		40 LF	X			