

CK2081

PAID

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

RECEIVED
NOV 27 2018

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster		Telephone Number (609)433-2001					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 138 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services				ASCM No. _____					
Street Address PO Box 365				Name of Abatement Contractor (9) Site Enterprises, Inc.					
City, State, Zip Code Berlin, NJ 08009				Street Address 6626 Delilah Road					
Project Manager for Monitoring Firm James Proctor				Telephone No. (856)452-1311	Current Use (Prior if being demolished) Housing Deemed Unsafe				
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365					
<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 Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

CK 2082

PAID

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

RECEIVED
NOV 27 2018

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 7 2018							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster		Telephone Number (609)433-2001					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 142 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services				ASCM No. _____					
Street Address PO Box 365				Name of Abatement Contractor (9) Site Enterprises, Inc.					
City, State, Zip Code Berlin, NJ 08009				Street Address 6626 Delilah Road					
Project Manager for Monitoring Firm James Proctor				Telephone No. (856)452-1311	City, State, Zip Code Egg Harbor Township, NJ 08234				
Start Date (10) 11/26/18				Scheduled Completion Date (11) 3/14/19	Telephone No. 609-567-1250				
					License No. 01172				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Health & Safety Services, Inc.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>				Street Address PO Box 365					
				City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

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

CL 2083

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 7 2018							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact William Byster	Telephone Number (609)433-2001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 144 Bayview Road		Square Feet Varies	# of Floors Varies						
City (5) Downe Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ			Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>	Date 11/23/2018					

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

CK 2084

PAID

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 7 2018							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster Telephone Number (609)433-2001					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 146 Bayview Road			Square Feet Varies # of Floors Varies Bldg. Age 30+						
City (5) Downe Township		County (6) Cumberland							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Telephone No. 609-567-1250					
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		License No. 01172					
Name of OSHA Monitor Health & Safety Services, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

012085

PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DRMC)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 148 Bayview Road		Square Feet Varies							
City (5) Downe Township		# of Floors Varies							
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____							
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. (856)452-1311		Telephone No. 609-567-1250							
Start Date (10) 11/26/18		License No. 01172							
Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352			
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

CK 2086

PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified		Type Notification		Street Address 33 West State Street					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Trenton, NJ 08625					
				Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 150 & 152 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Telephone No. 609-567-1250	License No. 01172				
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365					
<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>vacant</u>				City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

CK 2087 PAID

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

RECEIVED
NOV 27 2018

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 154 & 156 Bayview Road		Square Feet Varies							
City (5) Downe Township		# of Floors Varies							
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____							
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. (856)452-1311		Telephone No. 609-567-1250							
Start Date (10) 11/26/18		License No. 01172							
Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Berlin, NJ 08009							
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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08625					
				Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 158 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365			Street Address 6626 Delilah Road						
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Egg Harbor Township, NJ 08234						
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172					
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365					
<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 Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ			Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>		Date 11/23/2018				

OK 20809

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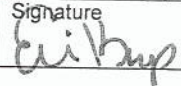
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 160 Bayview Road		Square Feet Varies	# of Floors Varies						
City (5) Downe Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ			Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/23/2018			

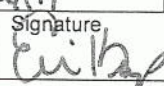
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PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified		Type Notification		Street Address 33 West State Street					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Trenton, NJ 08625					
				Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 162 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365			Street Address 6626 Delilah Road						
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Egg Harbor Township, NJ 08234						
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172					
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365					
<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>vacant</u>				City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature 		Date 11/23/2018			

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)													
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster Telephone Number (609)433-2001													
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House Street Address 164 Bayview Road City (5) Downe Township County (6) Cumberland		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.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Square Feet Varies</td> <td># of Floors Varies</td> <td>Bldg. Age 30+</td> </tr> </table> County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Housing Deemed Unsafe		Square Feet Varies	# of Floors Varies	Bldg. Age 30+									
Square Feet Varies	# of Floors Varies	Bldg. Age 30+													
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009		ASCM No. Name of Abatement Contractor (9) Site Enterprises, Inc. Street Address 6626 Delilah Road City, State, Zip Code Egg Harbor Township, NJ 08234													
Project Manager for Monitoring Firm James Proctor Telephone No. (856)452-1311		Telephone No. 609-567-1250 License No. 01172													
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19													
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc. Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009													
Scope of Work (Check All That Apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input checked="" type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>				<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			<input type="checkbox"/> Glovebag Procedure			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure													
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure													
		<input type="checkbox"/> Glovebag Procedure													
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>			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						
	Yes	No	N/A												
			Removal	Repair	Encapsulate	Enclosure									
Houses Deemed Unsafe				Houses Deemed Unsafe	200 yd per res	x									
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA											
City, State Egg Harbor Township, NJ			Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352											
Completed by Eric Keys		Title OM	Signature 			Date 11/23/2018									

OK 20912

PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Byster	Telephone Number (609)433-2001

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 181 Bayview Road		Square Feet Varies	# of Floors Varies
City (5) Downe Township		Bldg. Age 30+	
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365		Street Address 6626 Delilah Road	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234	
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.	
		Street Address PO Box 365	
		City, State, Zip Code Berlin, NJ 08009	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			

Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352	
Completed by Eric Keys	Title OM	Signature <i>E. Keys</i>	Date 11/23/2018	

OK 2093

PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)			
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street	
				City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Byster		Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)	
Street Address 246 E Nantuxent Dr				<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) Downe Township				Square Feet Varies	# of Floors Varies
County (6) Cumberland				Bldg. Age 30+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____		Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address PO Box 365		Street Address 6626 Delilah Road			
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234			
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Telephone No. 609-567-1250	License No. 01172
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365	
<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>vacant</u>				City, State, Zip Code Berlin, NJ 08009	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352	
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>	Date 11/23/2018

CK2094 PAID

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 250 E Nantuxent Dr				<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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCN No. _____		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road		City, State, Zip Code Egg Harbor Township, NJ 08234					
City, State, Zip Code Berlin, NJ 08009		Telephone No. (856)452-1311		Telephone No. 609-567-1250	License No. 01172				
Project Manager for Monitoring Firm James Proctor		Name of OSHA Monitor Health & Safety Services, Inc.							
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Occupancy Status During Abatement (Check Only One)					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/23/2018			

OK 20045

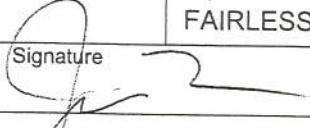
PAID

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

NOV 27 2018

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 West State Street					
				City, State, Zip Code Trenton, NJ 08625					
				Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 114 Bayview 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) Downe Township				Square Feet Varies	# of Floors Varies				
County (6) Cumberland				Bldg. Age 30+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365				Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009				City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Telephone No. 609-567-1250	License No. 01172				
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19		Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 365					
<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>vacant</u>				City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ				Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM		Signature <i>E. Keys</i>		Date 11/23/2018			

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

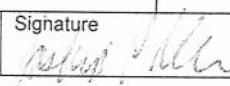
Date of Notification (1) 11-26-18		Name of Building Owner/Operator (2) BRISTOL MYERS SQUIBB							
Agencies Notified	Type Notification	Street Address 1 SQUIBB DRIVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW BRUNSWICK, NJ 08903							
		Name of Contact PHIL DESPIRITO	Telephone Number 732-227-7163						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB - BLDG 65		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 SQUIBB DRIVE		Square Feet 20,000	# of Floors 2						
City (5) NEW BRUNSWICK		Bldg. Age +/-100							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PHARMACEUTICAL PLANT							
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 655 WEST SHORE TRAIL		Street Address 2251 FRALEY STREET							
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm BILL KERBER		Telephone No. 973-729-5649	Telephone No. 215-533-5155						
Start Date (10) 11-28-18		Scheduled Completion Date (11) 3-31-19	License No. 01166						
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 GERHARD JAROSZ							
		Street Address 2251 FRALEY STREET							
		City, State, Zip Code PHILADELPHIA, PA 19137							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
				SEE ATTACHED SHEET					
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MGMT GROWS LANDFILL					
City, State TRENTON, NJ		Disposal Date		City, State FAIRLESS HILLS, PA					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 			Date 11-26-18		

CK15056

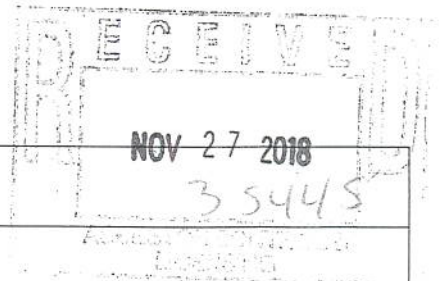
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NOV 27 2018

Date of Notification (1) NOVEMBER 23, 2018		Name of Building Owner/Operator (2) CHRISTINE RAABE							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRICK, NJ 08723 Name of Contact CHRISTINE RAABE Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RAABE PROPERTY		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) BRICK		Square Feet 1441	# of Floors 1						
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1967						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) DEC.3, 2018	Scheduled Completion Date (11) DEC.8, 2018	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
all walls & ceilings			x	joint compound	3800sf	x			
living room, hall and bedroom 2			x	9x9 vat	550sf	x			
bedroom 1			x	12x12vat	10 sf	x			
bathroom 2			x	12x12 vat & mastic	40 sf	x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp.,ir		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 5cy	Name of Registered Landfill FAIRLESS LANDFILL				
City, State WEST LONG BRANCH, NJ 07764				Disposal Date 12/8/18	City, State MORRISVILLE, PA				
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 		Date 11/23/18			

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



CK35445

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Date of Notification (1) 11 / 21 / 18			Name of Building Owner/Operator (2) Walters Residential						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor Telephone Number [REDACTED]					
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 850 sf # of Floors 1 Bldg. Age 65						
City (5) Beach Haven West			County Code (7)(STATE USE ONLY) Residence						
County (6) Ocean		Current Use (Prior if being demolished)							
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.		License No.					
				732-349-9932 00624					
Start Date (10) 12 / 03 / 18		Scheduled Completion Date (11) 12 / 04 / 18		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	850 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 12/04/18		City, State Tullytown, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 11/21/18			

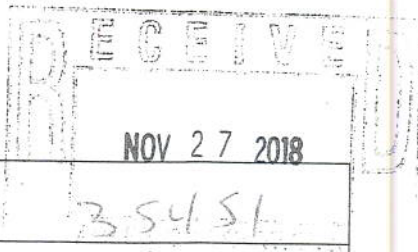
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 1945

Date of Notification (1) 11/23/18		Name of Building Owner/Operator (2) Oakland Board of Education							
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 131 Yawpo Ave		City, State, Zip Code Oakland, NJ 07436							
Name of Contact Jeff Boltzer		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Indian Hills High School		Square Feet 20,000							
City (5) Oakland		# of Floors 3							
County (6) Passaic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No. n/a							
Street Address 275 Route 10 East		Name of Abatement Contractor (9) Harmony Contracting Inc							
City, State, Zip Code Succasunna, NJ 07876		Street Address 360 Palisade Ave							
Project Manager for Monitoring Firm Mike Berta		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-920-9061		Telephone No. 973-460.6026							
License No. 01255		Name of OSHA Monitor Aero Environmental							
Start Date (10) 12/06/18		Scheduled Completion Date (11) 12/11/18							
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: STARTING AT 5:00pm		Street Address 275 Route 10 East							
City, State, Zip Code Succasunna, NJ 07876									
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
Utility Closet 065 in			x	Pipe Insulation	7.5 LF	x			
Stairwell Boys Team Room									
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 11/23/18			

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



CK35451


Date of Notification (1) 11 / 23 / 18			Name of Building Owner/Operator (2) Monmouth Custom Builders						
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 259 Monmouth Road					
				City, State, Zip Code Deal, NJ 07723					
			Name of Contact Bob Hankins		Telephone Number 732-300-1234				
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]									
City (5) Allenhurst				Square Feet 1200 sf	# of Floors 1				
				Bldg. Age 70					
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) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Rte. 9, Unit 61				Street Address 1889 Route 9, Unit 61					
City, State, Zip Code Toms River, New Jersey 08755				City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 12 / 04 / 18		Scheduled Completion Date (11) 12 / 06 / 18		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos duct wrap	75 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 12/06/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 12/23/18			

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

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NOV 27 2018

MO25140410155

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Date of Notification (1) 11/20/2018		Name of Building Owner/Operator (2) Bill Lasala							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470 Name of Contact Bill Lasala							
		Telephone Number							
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) Wayne		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 11/30/2018	Scheduled Completion Date (11) 12/01/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	470 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ 07512		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/20/2018			

D&S Proj. #: 18-251

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NOV 27 2018

Date of Notification (1)
11/11/18

Name of Building Owner/Operator (2)

jaime j. raskulinecz

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☐ Amended

Amendment #:

☒ Emergency
(including
justification)☐ Cancellation

Street Address

City, State, Zip Code

west orange, nj 07052

Name of Contact

jaime j. raskulinecz

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

jaime j. raskulinecz

Street Address

City (5)

west orange

County (6)

essex

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

Street Address

20 California Ave.

City, State, Zip Code

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-345-8020

License Number

01169

Start Date (10)

11/21/1818

Sched. Completion Date (11)

12/10/18

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-
Describe:☒ Other-Describe: NORMAL HOURS

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation of
asbestos-containing
material (acm) to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)R
e
m
o
v
e
R
e
p
a
i
r
E
n
c
a
p
E
n
c
l

BASEMENT

X

PIPE INSULATION

100-110 lf

X

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503Disposal Date
11/22/18City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date

11/20/2018

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

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NOV 27 2018

Date of Notification (1) 11-19-18		Name of Building Owner/Operator (2) PSEG		NOV 27 2018	
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 4000 Hadley Rd. City, State, Zip Code South Plainfield NJ Name of Contact Jake Reid Telephone Number 908-319-1126	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sand Hill Substation			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 184 Harts Lane			Square Feet N/A		
City (5) East Brunswick			# of Floors N/A		
County (6) Middlesex			Bldg. Age N/A		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Switching yard		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) WRS Environmental Services, Inc.	
Street Address N/A		Street Address 17 Old Dock Rd		City, State, Zip Code Yaphank, NY 11980	
City, State, Zip Code N/A		Telephone No. N/A		Telephone No. 631-924-8111	
Project Manager for Monitoring Firm N/A		License No. 01136		Name of OSHA Monitor WRS Environmental Services, Inc.	
Start Date (10) 11-30-18		Scheduled Completion Date (11) 12-17-18		Street Address 17 Old Dock Rd	
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: <u>Electrical circuit cabinet</u>		City, State, Zip Code Yaphank, NY 11980			
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)
	Yes	No	N/A		
Control House			X	Non-friable transite floor panels	38 SF
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste TBD	
City, State Elizabeth, NJ 07201		Disposal Date TBD		Name of Registered Landfill Fairless Landfill	
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i> Date 11-19-18	

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

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Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number (609)433-2001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 34 Paris Road		Square Feet Varies	# of Floors Varies						
City (5) Lawrence Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	License No. 01172						
Start Date (10) 11/26/18	Scheduled Completion Date (11) 3/4/19	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ		Disposal Date 3/4/19		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>			Date 11/23/2018			

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 116 Bayview Road		Square Feet Varies	# of Floors Varies						
City (5) Downe Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ			Disposal Date 3/14/19	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/23/2018			

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

Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 118 & 120 Bayview Road		Square Feet Varies	# of Floors Varies						
City (5) Downe Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 200 yd per res	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>			Date 11/23/2018			

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

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Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPME)							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 122 Bayview 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) Downe Township		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/26/18		Scheduled Completion Date (11) 3/14/19	License No. 01172						
Name of OSHA Monitor Health & Safety Services, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 365							
<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>vacant</u>		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ		Disposal Date 3/14/19		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/23/2018			