

CH-1147

PAID

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

RECEIVED

CHECK # 1147
OCT - 3 2010

Date of Notification (1) 10/01/10		Name of Building Owner/Operator (2) PARISH COMMUNITY OF St. HELEN CHURCH							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1600 RAHWAY AVE		City, State, Zip Code WESTFIELD, N.J. 07090							
Name of Contact CHAS STEINER		Telephone Number (908) 232-1214							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CHURCH SANCTUARY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1600 RAHWAY AVE		Square Feet 10,000							
City (5) WESTFIELD		# of Floors 2							
County (6) UNION		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) CHURCH SANCTUARY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Midland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 10/10/10		License No. 00156							
Scheduled Completion Date (11) 10/20/10		Name of OSHA Monitor Omega Environmental Services Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 23 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
1ST FL. STORAGE CLOSETS			✓	VAT	72 SF	✓			
ATTIC			✓	SHEETROCK	102 SF	✓			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 10/10/10 ON		City, State Pen Argyl, PA 08702					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 10/01/10			

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

RECEIVED

Print Form

OCT - 3 2018

CH 14999

Date of Notification (1) OCT. 1, 2018		Name of Building Owner/Operator (2) EARTH URVI2, LLC5	
Agencies Notified	Type Notification	Street Address 5 DARLINGTON DRIVE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code ROCKAWAY, NJ 07866	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact EARTH RAY	Telephone Number 973-220-0204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER FLORIST AND 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 879 CLIFTON AVENUE		Square Feet 5000 SF	# of Floors 3
City (5) CLIFTON		Bldg. Age 1910	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) FLORIST	
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		Telephone No. 732-222-8372	License No. 00040
Start Date (10) 10/11/18	Scheduled Completion Date (11) 10/13/18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" 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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	150 LF	X			
Kitchen			X	VAT	110 SF	X			
DET			X	Sheet Floor	120 SF	X			

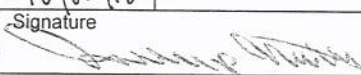
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc	NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 8.2	Name of Registered Landfill FAIRLESS LANDFILL
City, State WEST LONG BRANCH, NJ		Disposal Date 10/20/18	City, State MORRISVILLE, PA
Completed by JOSEPH P. MILLER	Title PRESIDENT	Signature <i>Joseph P. Miller</i>	Date 10/11/18

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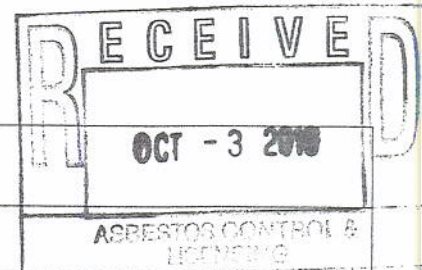
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED OCT - 3 2018 ASBESTOS ABATEMENT

Date of Notification (1) Oct. 1, 2018		Name of Building Owner/Operator (2) EARTHURV2/LLC							
Agencies Notified	Type Notification	Street Address 5 Darlington Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 Rockaway, NJ 07866							
		Name of Contact Earth Ray	Telephone Number 973-220-0204						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) former residence		Type of Facility (4)							
Street Address 871 Clifton Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet 2115 2115	# of Floors 2						
County (6) passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1930						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Current Use (Prior if being demolished) former Residence						
Street Address		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.							
City, State, Zip Code		Street Address 17 Thompson Street							
Project Manager for Monitoring Firm N/A		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 10/16/18	Scheduled Completion Date (11) 10/19/18	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 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Surfacing	45	X			
Basement			X	TST	110	X			
Exterior			X	Signing	1600 sf	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 10 cy	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 10/20/18	City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 10/1/18		

CKL4130
1301-02

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



Date of Notification (1) 10 / 2 / 18		Name of Building Owner/Operator (2) Virtua	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd	
	City, State, Zip Code Marlton NJ 08053		
Name of Contact David Cransten		Telephone Number 215 253-7216	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tatem Brown Family Practice		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 2225 Evesham Road		Square Feet >25,000	
City (5) Voorhees		# of Floors 1	Bldg. Age 30+
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.	
Street Address 700 Turner Way, Suite 105		Name of Abatement Contractor (9) Delta/BJDS, Inc	
City, State, Zip Code Aston, Pa 19014		Street Address 1345 Industrial Blvd	
Project Manager for Monitoring Firm		Telephone No. 610 558-8902	License No. 00783
Start Date (10) 10 / 12 / 18	Scheduled Completion Date (11) 11 / 30 / 18	Name of OSHA Monitor Criterion	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ _____ PM- _____ AM		Street Address 400 Street Road	
		City, State, Zip Code Bensalem Pa 19020	

Scope of Work (Check all that apply)

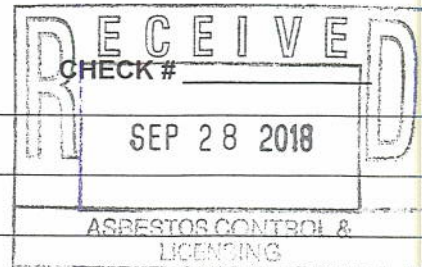
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12 X 12 Floor Tile and Mastic	29,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio		
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 10-2-2018		

CH 50:60

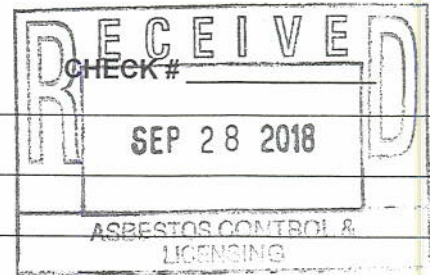
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 9/21/18		Name of Building Owner / Operator (2) TFC Deptford MOB, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1621 Wood Street		City, State & Zip Code Philadelphia, PA 18103	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Detached dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1365 Clements Bridge Road		Square Feet NA	
City (5) Deptford		# of Floors NA	
County (6) Gloucester		Bldg. Age NA	
County Code (7)		Current Use (Prior if being demolished) Vacant/None	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental		ASCM No.	
Street Address PO Box 11645		Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC	
City, State & Zip Code Philadelphia, PA 19116		Street Address 874 Piney Hollow Road, PO Box 70	
Project Manager for Monitoring Firm Jason Dua		City, State & Zip Code Winslow, NJ 08095	
Telephone Number 267-784-4693		Telephone Number 609-567-0600	
Scheduled Start Date (10) 10/1/18		License Number 01263	
Scheduled Completion Date (11) 2/1/19		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State & Zip Code Cinnaminson NJ 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure			
Breezeway upper sides		Cement fiber transite shingles 90 s. f.	
		H-29	
Garage gables/ends		Cement fiber transite shingles 180 s. f.	
		H-29	
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	
City, State Berlin, NJ		Cubic Yards of Waste 20	
Completed By (Print or Type) Theodore S. Budzynski		Name of Registered Landfill Salem County Landfill	
Title President		City, State Alloway, New Jersey	
Signature 		Disposal Date 2/1/19	
Date 9/21/18			

CH 5060

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



Date of Notification (1) 9/21/18		Name of Building Owner / Operator (2) TFC Deptford MOB, LLC	
Agencies Notified	Type Notification	Street Address 1621 Wood Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Philadelphia, PA 18103	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bittner office/garage			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 1365 Clements Bridge Road			Square Feet NA	# of Floors NA	Bldg. Age NA
City (5) Deptford	County (6) Gloucester	County Code (7)	Current Use (Prior if being demolished) Vacant/None		
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
Street Address PO Box 11645			Street Address 874 Piney Hollow Road, PO Box 70		
City, State & Zip Code Philadelphia, PA 19116			City, State & Zip Code Winslow, NJ 08095		
Project Manager for Monitoring Firm Jason Dua		Telephone Number 267-784-4693	Telephone Number 609-567-0600	License Number 01263	
Scheduled Start Date (10) 10/1/18	Scheduled Completion Date (11) 2/1/19		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson NJ 08077		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing/sealant comp H-16	350 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum H-11	290 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor hvac room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum H-11	20 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor front office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile H-04, H-05, H-06	1600 s.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

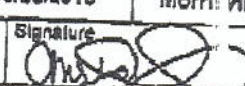
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.	NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 120	Name of Registered Landfill Salem County Landfill
City, State Berlin, NJ	Disposal Date 2/1/19	City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski	Title President	Signature 	Date 9/21/18

2018-09-17 11:17

Shade Environmental 1 >> 609.633.0664

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

RECEIVED
P 2/4
SEP 20 2018

Date of Notification (1) 09 / 17 / 18		Name of Building Owner/Operator (2) Housing Authority of the Township of Woodbridge	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:26-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Burns Lane City, State, Zip Code Woodbridge, NJ 07095-1726 Name of Contact Donna Brightman Telephone Number 732-634-2760	
Name of Facility Where Abatement is Taking Place (3) Woodbridge Housing Authority			
Street Address 1-2 Burns Lane		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Woodbridge	County (6) Middlesex	Square Feet 10,000	# of Floors 2
County Code (7) (STATE USE ONLY)		Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections, Inc.		Current Use (Prior if being demolished) Vacant	
Street Address PO Box 11645		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Philadelphia, PA 19116		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Jason Dua		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 267-784-4693		Telephone No. 856-765-0099	
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.	
Start Date (10) 09 / 18 / 18		Scheduled Completion Date (11) 09 / 28 / 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("I") and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Building 1 Units M, L, G, and B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building 2 Unit B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30
City, State Freehold, NJ		Name of Registered Landfill Fairfax Landfill	
Disposal Date 09/28/2018		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 
Date 9/17/18			

ASB-41
JAN 13

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

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)



CH 1005

Date of Notification (1) 09/25/18		Name of Building Owner/Operator (2) Bamdass Group	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 57 Brant Avenue	
		City, State, Zip Code Clark, NJ 07066	
		Name of Contact Dan Bamdass	Telephone Number 973-699-6087

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Church Pre-School		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 94 Fairmont Avenue		Square Feet 800	# of Floors 2
City (5) Chatham		Bldg. Age 50+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church Pre-School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) Stanmark Solutions, LLC	
City, State, Zip Code		Street Address 28 Edsall Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Sussex, NJ 07461	
Telephone No.		Telephone No. 973-997-1650	License No. 01309
Start Date (10) 10/04/18	Scheduled Completion Date (11) 10/11/18	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 1&2 Floors		X		floor tiles & mastic	6,424 S.F.	X			
crawlspace		X		pipe & fitting insulation	100 L.F.	X			

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.
City, State Wayne, NJ		Disposal Date on completion	City, State Morrisville, PA
Completed by Stan Stankovic	Title G. Manager	Signature <i>Stan Stankovic</i>	Date 09/25/18

Ch 1002, 1004

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

Print Form

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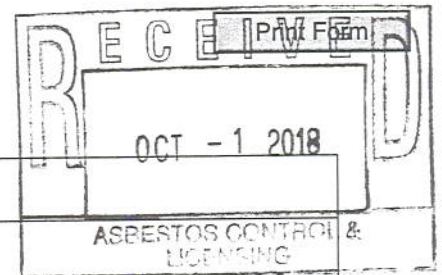
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 09/13/18		Name of Building Owner/Operator (2) Meridia 1001, Linden, LLC							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & REMEDIATION						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	201 South Wood Avenue							
		City, State, Zip Code Linden, NJ 07036							
		Name of Contact Stan Stankovich	Telephone Number 973-390-7113						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4)							
Street Address 1001 West Elizabeth Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden		Square Feet 20,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC						
Street Address		Street Address 28 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 09/14/18	Scheduled Completion Date (11) 09/25/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 1056 Stelton Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Piscataway, NJ 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 checked="" type="checkbox"/> Full Containment with negative Pressure <input type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse #1/interior roof/ceiling		x		transite	2,400 S.F.	x			
Warehouse #1/back 2 rooms		x		spray on	60 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager	Signature <i>Stan Stankovic</i>			Date 09/13/18			

CH 1002, 1004

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:42)



Date of Notification (1) 09/21/18		Name of Building Owner/Operator (2) Meridia 1001, Linden, LLC							
Agencies Notified	Type Notification	Street Address 201 South Wood Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Stan Stankovich	Telephone Number 973-390-7113						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 1001 West Elizabeth Avenue		Square Feet 20,000	# of Floors 2						
City (5) Linden		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Stanmark Solutions, LLC							
City, State, Zip Code		Street Address 28 Edsall Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Sussex, NJ 07461							
Telephone No.		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 09/14/18	Scheduled Completion Date (11) 09/25/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 1056 Stelton Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Piscataway, NJ 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 checked="" type="checkbox"/> Mini Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		pipe elbow insulation	7 L.F.	x			
In the middle of the building		x		roofing materials	4,800 S.F.	x			
In the middle of the building		x		pipe insulation	15 L.F.	x			
In the middle of the building		x		pipe elbow insulation	7 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager		Signature <i>Stan Stankovic</i>				Date 09/21/18	