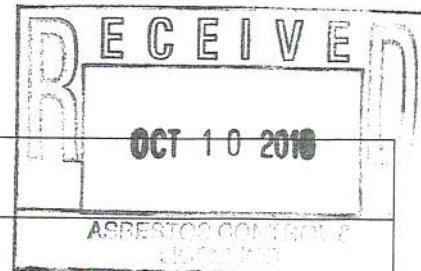


no ck
1295-02

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



Date of Notification (1) 9 / 25 / 18		Name of Building Owner/Operator (2) THOMAS WELCH							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code AVALON NJ 08202							
		Name of Contact Thomas Welch	Telephone Number						
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) Avalon		Square Feet 1600	# of Floors 1						
		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address		Street Address 1345 Industrial Blvd							
City, State, Zip Code		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 10 / 05 / 18	Scheduled Completion Date (11) 10 / 11 / 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 - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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. Admin		Signature <i>Christine Del Viscio</i>		Date 10-5-2018			

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.



Type of Notification (check one) and Date Submitted

☐ Initial ☐ Amended ☒ Cancellation ☐ Emergency (must include justification) Date of Notification: 9 / 25 / 18

Building Information

Name of Building Owner/Operator: THOMAS WELCH

Street Address: [REDACTED] City: Avalon State: NJ Zip: 08202

Name of Contact: Thomas Welch Telephone No.:

Facility Information

Name of Facility Where Work Activity is to Take Place: Home

Describe Facility Use: Residence

Street Address: [REDACTED] City: Avalon State: NJ Zip: 08202

County Name: Cape May County Code (state use only):

Scheduled Start Date: 10 / 05 / 2018 Scheduled Completion Date: 10 / 19 / 2018

Occupancy Status During Activity (check only one):

- ☐ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe:
☒ Other—Describe: exterior work

Scope of Work (check all that apply):

- ☐ Floor Tile Square Footage: Percentage Asbestos:
☐ Mastic Square Footage: Percentage Asbestos:
☒ Other: Transite Square Footage: 1000 SF Percentage Asbestos:

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900

Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966

New Jersey Asbestos License Number (if applicable): 00783

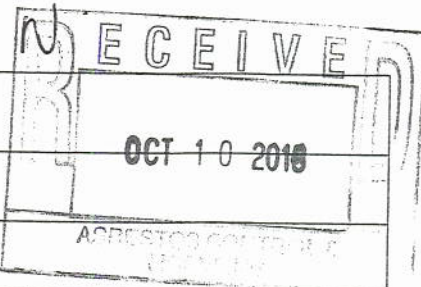
Monitoring Firm (if applicable): N/A Telephone No.:

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.

Signature: Christine DelVicio Date: 10-5-2018

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



Date of Notification (1) <u>9</u> / <u>25</u> / <u>18</u>		Name of Building Owner/Operator (2) THOMAS WELCH							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code AVALON NJ 08202							
		Name of Contact	Telephone Number						
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 <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Avalon		Square Feet 1500	# of Floors 1						
		Bldg. Age 50+							
County (6) Cape May		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address		Street Address 1345 Industrial Blvd							
City, State, Zip Code		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 215 322-2900	License No. 00783						
Start Date (10) <u>10</u> / <u>05</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>11</u> / <u>18</u>	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 - Describe Time of Abatement: <u>7</u> AM- <u>4</u> PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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. Admin	Signature 			Date 9-25-2018			

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

RECEIVED

OCT 10 2018

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 9 / 25 / 18

Building Information

Name of Building Owner/Operator: THOMAS WELCH

Street Address: [REDACTED] City: Avalon State: NJ Zip: 08202

Name of Contact: Thomas Welch Telephone No.: _____

Facility Information

Name of Facility Where Work Activity is to Take Place: Home

Describe Facility Use: Residence

Street Address: [REDACTED] City: Avalon State: NJ Zip: 08202

County Name: Cape May County Code (state use only): _____

Scheduled Start Date: 10 / 05 / 2018

Scheduled Completion Date: 10 / 19 / 2018

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: _____

☒ Other—Describe: exterior work

Scope of Work (check all that apply):

☐ Floor Tile Square Footage: _____ Percentage Asbestos: _____

☐ Mastic Square Footage: _____ Percentage Asbestos: _____

☒ Other: Transite Square Footage: 1000 SF Percentage Asbestos: _____

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900

Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966

New Jersey Asbestos License Number (if applicable): 00783

Monitoring Firm (if applicable): N/A Telephone No.: _____

Signature

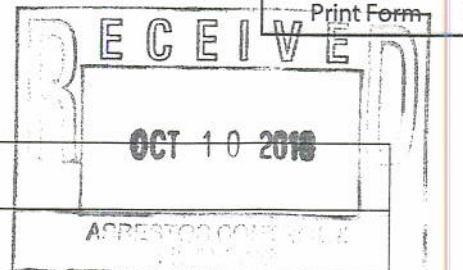
Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.

Signature: Christine Delviscio Date: 9/25/2018

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

Print Form



Date of Notification (1) 10/5/18		Name of Building Owner/Operator (2) Colgate Palmolive							
Agencies Notified	Type Notification	Street Address 909 River Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Bruce Russell	Telephone Number 908-803-8863						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colgate Palmolive		Type of Facility (4)							
Street Address 909 River Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Piscataway		Square Feet 200,000	# of Floors 2						
		Bldg. Age 50							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 303 B National Road							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) 10/19/18	Scheduled Completion Date (11) 10/23/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work in segregated area - 4 pm - 12 am</u>		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" 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 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
Company Store			X	Floor tile	500 SF	X			
Company Store			X	Floor tile mastic	500 SF	X			
Name of Registered Waste Hauler Veolia		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill TBD					
City, State Middlesex, NJ		Disposal Date TBD		City, State					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 10/5/18			

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


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RECEIVED

OCT 10 2018

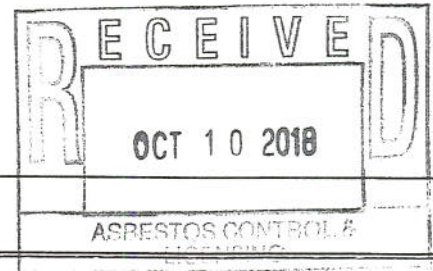
ASBESTOS CONTROL & LICENSING

9077

Date of Notification (1) 08/20/18		Name of Building Owner/Operator (2) Alaris Health							
Agencies Notified	Type Notification	Street Address 198 Stevens Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City New jersey 07305							
		Name of Contact Marty Redmoon	Telephone Number 2014011922						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alaris health center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 198 Stevens Avenue		Square Feet 15000	# of Floors 3						
City (5) Jersey City		Bldg. Age 70							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) adult home							
Name of Monitoring Firm Hired by Building Owner (8) Confidence Environmental Services		ASCM No.							
Street Address 391 Ocean Avenue		Name of Abatement Contractor (9) CPC Environmental Services Corp							
City, State, Zip Code Jersey City New Jersey 07		Street Address 142 North 13th Street							
Project Manager for Monitoring Firm Jude Ulokameje		City, State, Zip Code Newark NJ 07107	Telephone No. 9733902416						
Start Date (10) 08/20/18		License No. 01335	Scheduled Completion Date (11) 08/21/18						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor Chika Onwukaife							
		Street Address 142 North 13th Street							
		City, State, Zip Code Newark NJ 07107							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement laundry room	X			pipe insulation	6LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully Town Re-facility					
City, State Newark NJ 07102		Disposal Date		City, State					
Completed by Chika Onwukaife		Title Project manger	Signature 		Date 08/20/18				

D&S Proj. #: 18-206

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



Date of Notification (1) 10/10/18		Name of Building Owner/Operator (2) LOUIS HEIBERT	
Asbestos 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 [REDACTED]		City, State, Zip Code BELLEVILLE, NJ 07109	
Name of Contact LOUIS HEIBERT		Telephone Number	

FACILITY INFORMATION

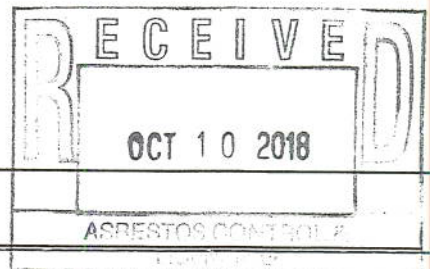
Name of facility where abatement is taking place (3) LOUIS HEIBERT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) BELLEVILLE	County (6) essex	County Code (7) (State use only)	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) 10/09/1818		Sched. Completion Date (11) 10/26/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
attic		X		ATTIC INSULATION	532 SQ FT	X					

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 8 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/10/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/04/2018

D&S Proj. #: 18-211

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NAC 3:60 and 12:120)



Date of Notification (1) 10/10/18		Name of Building Owner/Operator (2) joan smith	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code elizabeth, NJ 07201	
Name of Contact joan smith		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) joan smith			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) elizabeth	County (6) union	County Code (7) (State use only)	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) 10/12/18		Sched. Completion Date (11) 10/31/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/13/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/03/2018

* Do not use this form for asbestos licensing exempted activities

B & G proj. #:

2018-201

State of NJ

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

Check # 9220

Date of Notification (1) 10/10/18		Name of Building Owner/Operator (2) Chris Botta		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 10 2018 </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ramsey, NJ 07446		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Chris Botta		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chris Botta			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Ramsey, NJ 07446	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/15/2018		Sched. Completion Date (11) 10/18/2018	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

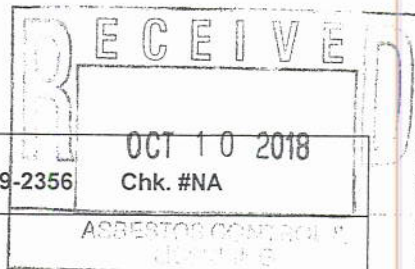
Scope of Work (check all that apply)

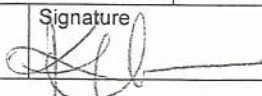
- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT & mastic	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
first floor office			<input checked="" type="checkbox"/>	VAT (no mastic)	132 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"/>

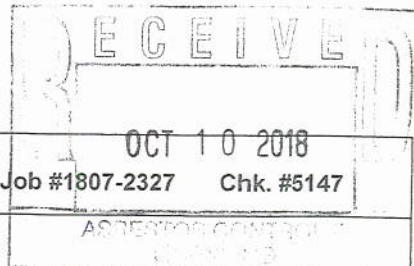
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/15/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/04/2018

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



Date of Notification (1) <u>9</u> / <u>24</u> / <u>18</u>		Name of Building Owner/Operator (2) Harvey Sternberg / Job #1809-2356		OCT 10 2018 Chk. #NA					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Goulesster Township, NJ 08081 Name of Contact Andrew Folcher, Demo					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>				Square Feet 2500					
City (5) Gloucester Township				# of Floors 1					
County (6) Gloucester				Bldg. Age 45					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 671 Stoke Road Suite 4-318		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 888-715-2211		License No. 00862					
Start Date (10) <u>10</u> / <u>3</u> / <u>18</u>		Scheduled Completion Date (11) <u>10</u> / <u>5</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	3040 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 10/5/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-3-18			

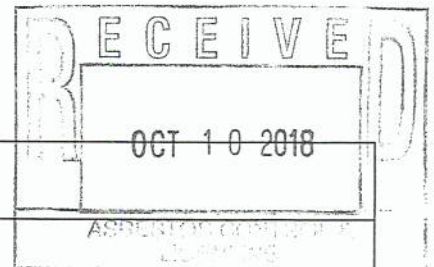
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 16 / 18		Name of Building Owner/Operator (2) 10-12 Commerce, LLC		OCT 10 2018 Job #1807-2327 Chk. #5147					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Commerce Drive City, State, Zip Code Cranford, NJ 07016 Name of Contact Charles A. Wojcik Telephone Number 212-470-5200					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 10-12 Commerce			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 10-12 Commerce Drive			Square Feet 72000						
City (5) Cranford			# of Floors 2		Bldg. Age 50				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) GEI		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 300 Broadacres Drive		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bloomfield, NJ		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Margaret Halasnik		Telephone No. 973-873-7110		License No. 00862					
Start Date (10) 8 / 27 / 18		Scheduled Completion Date (11) 10 / 26 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st Floor Full Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
with Shot Blast for Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plus additional notif fee per Peter A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 10/26/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-2-18			

CH1371

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



Date of Notification (1) 10 / 03 / 18		Name of Building Owner/Operator (2) Metro Real Estate Companies	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Warren Sprake	Telephone Number 973-429-7900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 169 Minnisink Road		Square Feet	
City (5) Totowa		# of Floors	
County (6) Passaic		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	
Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		Street Address 27 Outwater Lane	
Street Address P.O. Box 1224		City, State, Zip Code Garfield, NJ 07026	
City, State, Zip Code Union, NJ		Telephone No. 973-928-4888	
Project Manager for Monitoring Firm Rick Eustaquio		License No. 1188	
Telephone No. 973-494-3762		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) 09 / 04 / 18		Scheduled Completion Date (11) 12 / 19 / 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 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

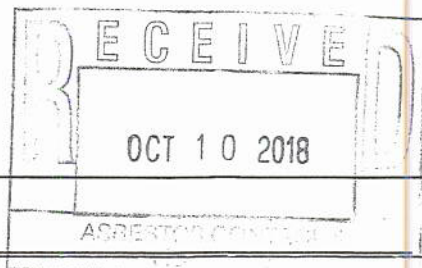
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation - Wrap & Bag	50 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 ATC		NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>		Date 10/3/18	

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



D&S Proj. #: 18-207

Ch 7354

Date of Notification (1) <u>10/10/18</u>		Name of Building Owner/Operator (2) DAVID GALEFI	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code montclair, nj 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact DAVID GALEFI	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID GALEFI			Type of Facility (4)	
Street Address [REDACTED]			<input type="checkbox"/> School (K - 12)	
			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
City (5) montclair	County (6) essex	County Code (7) (State use only)	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)	
Street Address [REDACTED]			D & S RESTORATION, INC.	
			Street Address 20 California Ave.	
			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) 10/11/18		Sched. Completion Date (11) 10/26/18		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: 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)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		boiler insulation	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

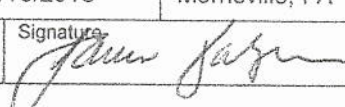
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/12/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____	
				Date 10/01/18	

CH4479

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

RECEIVED	Print Form
	OCT 10 2018
ASBESTOS CONTAINING MATERIAL	

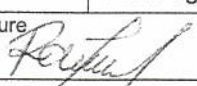
Date of Notification (1) 10/03/2018		Name of Building Owner/Operator (2) 56 Third Street LLC							
Agencies Notified	Type Notification	Street Address 931 Hudson Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Hoboken, NJ 07030							
		Name of Contact Agnieszka Martin	Telephone Number 201-792-3311						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 3rd Street Dry Cleaners Basement		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 56 3rd Street		Square Feet 5000	# of Floors 3						
City (5) Hoboken		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Dry Cleaners							
Name of Monitoring Firm Hired by Building Owner (8) Peak Environmental LLC.		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 26 Kennedy Blvd. Suite A		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jacqueline Ulrich		Telephone No. 732-710-4317	Telephone No. 973-256-7010						
Start Date (10) 10/13/2018		Scheduled Completion Date (11) 10/16/2018	License No. 0666						
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 Bako Construction & Restoration, Inc.							
		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	4LF	X			
Basement		X		Elbows	8 Elbows	X			
Basement		X		Asbestos debris clean up	20 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10yd	Name of Registered Landfill Fairless Landfill/ Waste management					
City, State Totowa, NJ			Disposal Date 10/16/2018	City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager	Signature 	Date 10/03/2018					

PAID

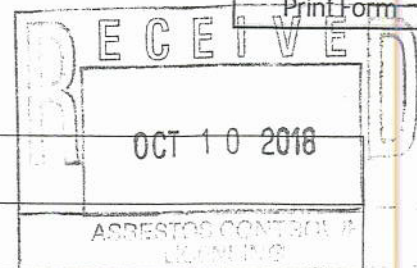
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 006098

CK#006098

Date of Notification (1) 10/03/2018		Name of Building Owner/Operator (2) Freeport-McMoran (Norwich & Bayway Operations)							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">OCT 10 2018</div>						
<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	48-94 Bayway Ave							
		City, State, Zip Code Elizabeth, NJ 07202							
		Name of Contact Mr. Christopher Svenson	Telephone Number 908-558-4313						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Freeport-McMoran Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 48-94 Bayway Ave		Square Feet 400	# of Floors 1						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Foreman's Lunchroom							
Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC							
Street Address		Street Address 16 Glenwild Ave							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-928-3995	License No. 01181						
Start Date (10) 10/14/2018	Scheduled Completion Date (11) 10/24/2018	Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Foreman's Lunchroom			X	Roof / Flashing	450 SF	X			
Foreman's Lunchroom			X	Windows Caulking	36 LF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Pen Argil, PA 18702					
Completed by Tatiana Rotaru		Title COO	Signature 			Date 10/03/2018			

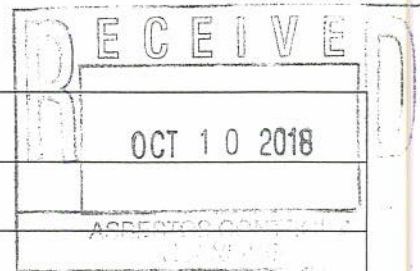
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 NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:60 and 12:120



Date of Notification (1) 10/2/2018		Name of Building Owner/Operator (2) Bill Staehle	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Glen Ridge NJ 07028		Name of Contact Bill Staehle
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bill Staehle's 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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Glen Ridge		Current Use (Prior if being demolished)	
County (6) Essex County		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) MKD Property Maintenance LLC	
Street Address		Street Address 105 Van Riper Avenue	
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	
Start Date (10) 10/16/2018		Scheduled Completion Date (11) 11/16/2018	
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: _____		License No. 01336	
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)
	Yes	No	
Basement		X	Pipe Insulation
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste YD
City, State		Name of Registered Landfill Keystone Sanitary Landfill	
Disposal Date		City, State Dunmore, Pennsylvania	
Completed by Darko Raloski		Title Project Manager	Signature
		Date 10/2/2018	

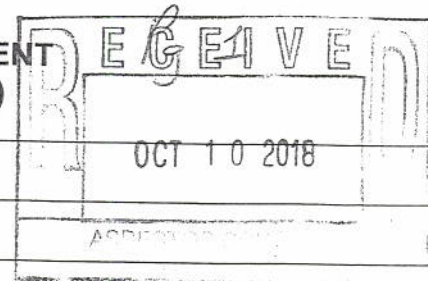
CK# 1134

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



Date of Notification (1) 10/03/2018		Name of Building Owner/Operator (2) Margaret Keady							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Margaret							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [Redacted]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 10/15/2018	Scheduled Completion Date (11) 10/16/2018	Name of OSHA Monitor same as (9)							
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: 7:00am-4:30pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Second floor bedroom closet			X	Tiles	18 SF	X		X	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North					
City, State Paterson, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 10/03/2018			

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



Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#8-10/5/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1830 US Route 130 North		City, State & Zip Code Burlington NJ 08016	
Name of Contact Mike Woods		Telephone Number 917-838-4314	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		

Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET	
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040	License Number 00509

Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/05/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET		
		City, State & Zip Code BRISTOL, PA 19007		

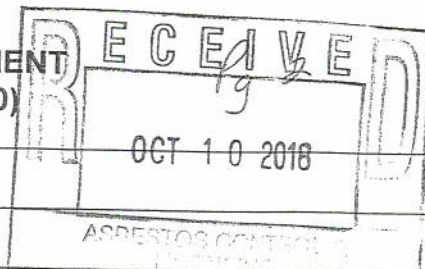
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
DELETE RECEIVING AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DELETE Mastic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

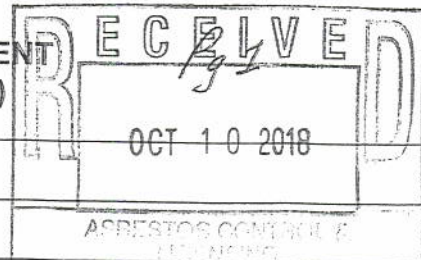
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 10/5/18

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



Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 checked="" type="checkbox"/> Amended R#8-10/5/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods	
		Telephone Number 917-838-4314	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226 Street Address 2495 Route 1, Suite 1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Square Feet 72500
		# of Floors 1	Bldg. Age 50
		Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) ESIS Street Address 436 Walnut Street City, State & Zip Code Philadelphia, PA 19106		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040
License Number 00509			
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/05/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007
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 Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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
Rear Offices	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Mastic	512 SF
Break Room, Mens Room & Corridor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Mastic	1,575 SF
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Mastic	900 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Name of Registered Landfill FAIRLESS HILLS LANDFILL Disposal Date TBD
		Signature <i>Patrick T. DeCaro/jk</i>	City, State MORRISVILLE, PA
		Date 10/5/18	

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



Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 checked="" type="checkbox"/> Amended R#7-9/28/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods
			Telephone Number 917-838-4314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		

Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET	
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040	License Number 00509

Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/19/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET
		City, State & Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 9/28/18

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

CHK# 3445

Date of Notification (1) 10/5/18		Name of Building Owner / Operator (2) East Amwell Township School District		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">OCT 10 2018</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Telephone Number 908-782-6464</div>					
Agencies Notified	Type Notification	Street Address 43 Wertsville Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Ringoes, NJ 08551							
		Name of Contact Edward Stoloski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Amwell Elementary 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 43 Wertsville Road			Square Feet # of Floors Bldg. Age						
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street							
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Jim Frisbee		Telephone Number 267-991-9212	Telephone Number (215) 788-6040	License Number 00509					
Scheduled Start Date (10) 10/5/18	Scheduled Completion Date (11) 10/6/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 4:00 PM to 12:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street						
			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Frangible 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
Crawlspace under Boys Bathroom and Girls Bathroom associated with Classrooms 2 and 3 under the 1938 wing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/5/18		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>			Date 10/5/18			

GI18220

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

CHK# 3446

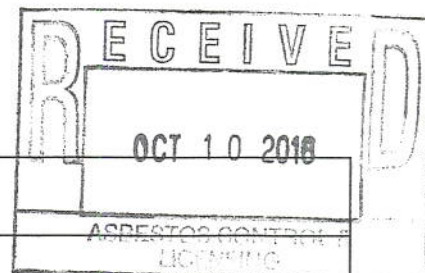
Date of Notification (1) 10 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 10 2018 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 243 East State Street			
		City, State, Zip Code Trenton, NJ, 08608				Name of Contact Charlie Messing			
						Telephone Number (917) 992-1356			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Trenton Central Office				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 243 East State Street				Square Feet 51,075					
City (5) Trenton				# of Floors 5					
County (6) Mercer				Bldg. Age +50					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Kristopher Smith		Telephone No. 609-313-8218		License No. 00509					
Start Date (10) 10 / 22 / 18		Scheduled Completion Date (11) 10 / 26 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Exit Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Center Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	28 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	71 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro		Date 10-5-18			

ASB-41
JAN 13 DD18076

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

Ch 1378

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



Date of Notification (1) 10 / 05 / 18		Name of Building Owner/Operator (2) John Niles							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Glen Rock, NJ 07452 Name of Contact John Niles							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Glen Rock		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 10 / 06 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steam Boiler Insulation	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY			Disposal Date TBD	City, State Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 10/5/18			

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B & G proj. #: 2018-203

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

Check # 9226

Date of Notification (1) 10/10/18		Name of Building Owner/Operator (2) Kiddie Keep Well Camp		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 10 2018 ASBESTOS CONTROL </div>
Agencies Notified	Type Notification	Street Address 35 Roosevelt Drive		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837		
Name of Contact Cindy Robertson or Tom Tighe		Telephone Number 732-735-3311		

FACILITY INFORMATION

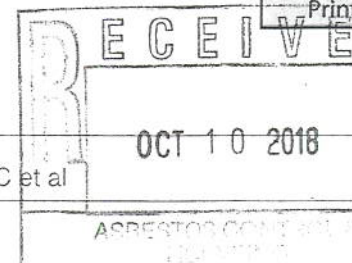
Name of facility where abatement is taking place (3) house to be demolished			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 35 Roosevelt Drive			Square Feet		
City (5) Edison, NJ			County (6) Middlesex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No. n/a		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 10/18/2018			Sched. Completion Date (11) 10/21/2018		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <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"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-friable procedure			Street Address 105 Ryerson Road		
City, State, Zip Code Lincoln Park, NJ 07035			City, State, Zip Code Lincoln Park, NJ 07035		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
throughout			<input checked="" type="checkbox"/>	VAT	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof			<input checked="" type="checkbox"/>	roofing	1700 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/21/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/05/2018

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



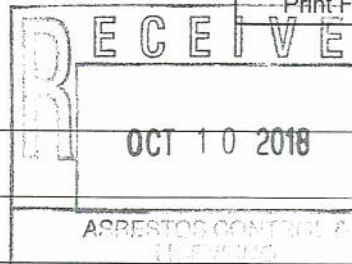
Date of Notification (1) 10/4/2018		Name of Building Owner/Operator (2) Cranford Redevelopment Associates LLC et al		OCT 10 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 10 Sterling Blvd, Suite 401 City, State, Zip Code Englewood, NJ 07631 Name of Contact John Driesse Telephone Number (973) 769-9081					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 3 Mercedes Drive			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 3 Mercedes Drive			Square Feet 112500 # of Floors 3 Bldg. Age 40						
City (5) Montvale			Current Use (Prior if being demolished) COMMERCIAL						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Shoreline Contracts, Inc.					
Name of Monitoring Firm Hired by Building Owner (8) EHI			ASCN No. 00104		Street Address 13 Fullerton Ave				
Street Address 870 Sparta Ave #304			City, State, Zip Code Yonkers NY 10704						
City, State, Zip Code Sparta Township, NJ 07871			Telephone No. 914-966-0033		License No. 01230				
Project Manager for Monitoring Firm Jean-Paul von Doehren			Telephone No. 973-651-2041						
Start Date (10) 03/28/2018		Scheduled Completion Date (11) 04/01/2019		Name of OSHA Monitor SHORELINE CONTRACTS IN					
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 13 FULLERTON AVENUE					
				City, State, Zip Code YONKERS, NEW YORK 10704					
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 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
2nd Floor			X	12"x12" Floor Tile	318 SF	X			
Name of Registered Waste Hauler R.E.D. Technologies, LLC		NJDEP Waste Hauler ID No. 0036163		Cubic Yards of Waste		Name of Registered Landfill Minerva Enterprises			
City, State Bloomfield, CT				Disposal Date		City, State Waynesburg, OH 44688			
Completed by Michael Coleman		Title President		Signature 		Date 10/04/2018			

CH1714

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

Print Form



Date of Notification (1) 10/5/18		Name of Building Owner/Operator (2) Sharon Lutzker							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410							
		Name of Contact Sharon Lutzker							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		Square Feet 1855	# of Floors 2						
County (6) Bergen		Bldg. Age 70 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Store Front Business							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 10/15/18	Scheduled Completion Date (11) 10/18/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	270 SF	x			
Basement		x		Pipe Wrap	56 LF				
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 10/5/18			

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OCT 10 2018
ASBESTOS CONTROL
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Date of Notification (1) 10/5/18		Name of Building Owner/Operator (2) Beth Baldwin		OCT 10 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Saddle Brook, NJ 07663 Name of Contact Beth Baldwin Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2140		
City (5) Saddle Brook			# of Floors 2		Bldg. Age 70 +/-
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Store Front Business	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement	
Street Address		Street Address 280 N. Midland Ave.		City, State, Zip Code Saddle Brook, NJ 07663	
City, State, Zip Code		Telephone No. 201-600-3184		License No. 01305	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor	
Start Date (10) 10/11/18		Scheduled Completion Date (11) 10/15/18		Street Address	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code		City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		x		VAT	
				816 SF	
				x	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 2	
City, State Saddle Brook, NJ		Disposal Date TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Richard Cristofol		Title President		Signature [Signature]	
				Date 10/5/18	


Ch1715

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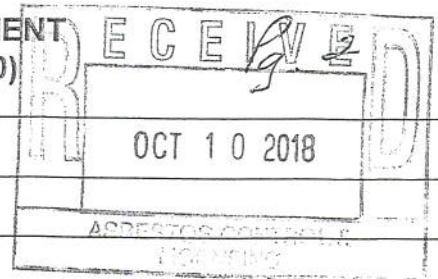
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

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OCT 10 2018
ASBESTOS CONTROL

Date of Notification (1) 10/5/18		Name of Building Owner/Operator (2) Steven Yun							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill, NJ 07626							
		Name of Contact Steven Yun	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cresskill		Square Feet 2400	# of Floors 2						
County (6) Bergen		Bldg. Age 70 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Store Front Business							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 10/8/18	Scheduled Completion Date (11) 10/12/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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		VAT	614 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 				Date 10/5/18	

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



Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#7-9/28/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			Type of Facility (4)
Street Address 2495 Route 1, Suite 1			<input type="checkbox"/> School (K-12)
City (5) Lawrenceville			<input type="checkbox"/> Subchapter 8 (Other than K-12)
County (6) Mercer	County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Square Feet 72500		# of Floors 1	Bldg. Age 50
Current Use (Prior if being demolished) Retail			

Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 436 Walnut Street		Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106		City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall	Telephone Number 215-640-5320		Telephone Number 215-788-6040	License Number 00509

Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/19/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one)		Street Address 1123 BEAVER STREET		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code BRISTOL, PA 19007		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm				
Describe: (10:00 PM - 6:00 AM) Sunday - Thursday				
<input type="checkbox"/> Facility Occupied During Abatement				

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro/jk</i>		Date 9/28/18

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

R E C E I V E D

OCT 10 2018

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#6-9/21/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/5/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input 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	Enclose
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 9/21/18

PD 18055 * Back on site 9-21-18

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

R E C E I V E D

OCT 10 2018

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#6-9/21/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 10/5/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

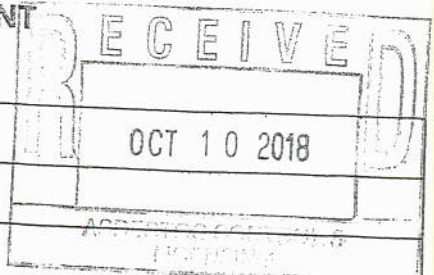
- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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 SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro/gu</i>	Date 9/21/18

PD 18055 * Back on site 9-21-18

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



Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#5-8/24/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 8/24/18

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

R E C E I V E D

OCT 10 2018

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#5-8/24/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input 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
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 8/24/18

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

RECEIVED

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory		OCT 10 2018	
Agencies Notified	Type Notification	Street Address		City, State & Zip Code	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	1830 US Route 130 North		Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#4-8/10/18	Name of Contact		Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Mike Woods		917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation				
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
2495 Route 1, Suite 1			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Lawrenceville	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
	Mercer		72500	1	50
Name of Monitoring Firm Hired by Building Owner (8) ESIS			Current Use (Prior if being demolished) Retail		
Street Address			Name of Abatement Contractor (9)		
436 Walnut Street			BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code			Street Address		
Philadelphia, PA 19106			1123 BEAVER STREET		
Project Manager for Monitoring Firm			City, State & Zip Code		
Frank Westfall			BRISTOL, PA 19007		
Telephone Number			Telephone Number		
215-640-5320			215-788-6040		
Scheduled Start Date (10)			License Number		
7/24/18			00509		
Scheduled Completion Date (11)			Name of OSHA Monitor		
(Back on site 8/19/18) 9/28/18			BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 BEAVER STREET		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			City, State & Zip Code		
Describe: (10:00 PM - 6:00 AM)			BRISTOL, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input 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
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
SERVICE TRANSPORT GROUP, INC.		20990	40 Cu Yd	FAIRLESS HILLS LANDFILL	
City, State		Disposal Date	City, State		
NEW CASTLE, DE 19720		TBD	MORRISVILLE, PA		
Completed By (Print or Type)		Title	Signature	Date	
PATRICK T. DeCARO		Estimator	<i>Patrick T. DeCaro</i>	8/10/18	

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

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OCT 10 2018

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory			
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 checked="" type="checkbox"/> Amended R#4-8/10/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods Telephone Number 917-838-4314	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500		
City (5) Lawrenceville			County (6) Mercer		# of Floors 1
County Code (7)			Bldg. Age 50		Current Use (Prior if being demolished) Retail
Name of Monitoring Firm Hired by Building Owner (8) ESIS			ASCM No.		
Street Address 436 Walnut Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Philadelphia, PA 19106			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Frank Westfall			Telephone Number 215-640-5320		City, State & Zip Code BRISTOL, PA 19007
Scheduled Start Date (10) 7/24/18			Scheduled Completion Date (11) (Back on site 8/19/18) 9/28/18		Telephone Number 215-788-6040
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 Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			License Number 00509		
Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			Street Address 1123 BEAVER STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A			
Rear Offices		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mastic 512 SF	
Break Room, Mens Room & Corridor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mastic 1,575 SF	
Ladies Room, Corridor & Sales Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mastic 900 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 40 Cu Yd	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		Name of Registered Landfill FAIRLESS HILLS LANDFILL	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T. DeCaro/jl</i>	
				Date 8/10/18	

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

RECEIVED

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory		OCT 10 2018
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 checked="" type="checkbox"/> Amended R#3-8/10/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016		
		Name of Contact Mike Woods		Telephone Number 917-838-4314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) (Back in site 8/12/18) 8/20/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input 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
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 8/10/18

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

ECE Pg. 2

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory		OCT 10 2018	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North		City, State & Zip Code Burlington NJ 08016	
<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 checked="" type="checkbox"/> Amended R#3-8/10/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Name of Contact Mike Woods		Telephone Number 917-838-4314	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) (Back on site 8/12/18) 8/20/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / jhl</i>		Date 8/10/18

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

RECEIVED
OCT 10 2018
ASBESTOS CONTROL

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 US Route 130 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#2-8/6/18	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 917-838-4314	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) OH NOLD				
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 Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 8/6/18

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

RECEIVED
Pg 2
OCT 10 2018
ASBESTOS UNIT

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 checked="" type="checkbox"/> Amended R#2-8/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1830 US Route 130 North		City, State & Zip Code Burlington NJ 08016	
Name of Contact Mike Woods		Telephone Number 917-838-4314	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226		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 2495 Route 1, Suite 1		Square Feet 72500	# of Floors 1
City (5) Lawrenceville	County (6) Mercer	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	
Street Address 436 Walnut Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code Philadelphia, PA 19106		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Frank Westfall		City, State & Zip Code BRISTOL, PA 19007	
Telephone Number 215-640-5320		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) ON HOLD		
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 Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T DeCaro / jtl</i>		Date 8/6/18

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 checked="" type="checkbox"/> Amended R#1-7/20/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods Telephone Number 917-838-4314	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226		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 2495 Route 1, Suite 1		Square Feet 72500	# of Floors 1
City (5) Lawrenceville	County (6) Mercer	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	
Street Address 436 Walnut Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code Philadelphia, PA 19106		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Frank Westfall		City, State & Zip Code BRISTOL, PA 19007	
Telephone Number 215-640-5320		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 8/20/18		
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 Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Street Address 1123 BEAVER STREET		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Receiving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way C-D @ Column 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	436 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle Way D-E @ Column 1-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule G-H @ Column 2-5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule J & Cashwraps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 7/20/18

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

Pg. 2

Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 checked="" type="checkbox"/> Amended R#1-7/20/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1830 US Route 130 North		City, State & Zip Code Burlington NJ 08016	
Name of Contact Mike Woods		Telephone Number 917-838-4314	

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500		
City (5) Lawrenceville		County (6) Mercer	County Code (7)		# of Floors 1
			Bldg. Age 50		
Name of Monitoring Firm Hired by Building Owner (8) ESIS			ASCM No.		
Street Address 436 Walnut Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Philadelphia, PA 19106			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Frank Westfall			City, State & Zip Code BRISTOL, PA 19007		
Telephone Number 215-640-5320			Telephone Number 215-788-6040		
Scheduled Start Date (10) 7/24/18			License Number 00509		
Scheduled Completion Date (11) 8/20/18			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) Sunday - Thursday <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Rear Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	512 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room, Mens Room & Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Room, Corridor & Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	900 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40 Cu Yd	Name of Registered Landfill FAIRLESS HILLS LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 7/20/18

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

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Date of Notification (1) 7/10/18		Name of Building Owner / Operator (2) Burlington Coat Factory		Telephone Number 917-838-4314					
Agencies Notified <input checked="" type="checkbox"/> EPA 9975 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9555 <input checked="" type="checkbox"/> DOH 9982 <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 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #226			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 2495 Route 1, Suite 1			Square Feet 72500	# of Floors 1	Bldg. Age 50				
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Retail						
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 436 Walnut Street			Street Address 1123 BEAVER STREET						
City, State & Zip Code Philadelphia, PA 19106			City, State & Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Frank Westfall		Telephone Number 215-640-5320	Telephone Number 215-788-6040		License Number 00509				
Scheduled Start Date (10) 7/24/18	Scheduled Completion Date (11) 8/20/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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
Sales Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	4,300	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State EW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / Jn</i>		Date 7/10/18				