

PAID

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

CHECK #1758

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) BART BULLOCK							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRIDGETON NJ 08302							
		Name of Contact BART BULLOCK							
		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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000	# of Floors 1						
City (5) BRIDGETON		Bldg. Age 60+							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 SOUTH DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676						
Start Date (10) 10/17/18		Scheduled Completion Date (11) 10/20/18	License No. 01145						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL		Name of OSHA Monitor EMSL							
		Street Address 200 RT. 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 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 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
KITCHEN			X	SHEET FLOORING	110 SF	X			
BASEMENT			X	FLOOR TILE	576 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 30	Name of Registered Landfill CUMBERLAND COUNTY COMPLEX					
City, State MULLICA HILL NJ		Disposal Date 10/22/2018		City, State DEERFIELD TWP.					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 10/16/2018			

10/16/2018 10:02AM 18562248799

ASSURED SERVICE:

PAGE 03/04

PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

CHECK #1758

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) BART BULLOCK	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRIDGETON NJ 08302	
<input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA		Name of Contact BART BULLOCK	
		Telephone Number 1-9-2018	
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			
Street Address		Type of Facility (4)	
City (5) BRIDGETON		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) GLOUCESTER		Square Feet 1000	# of Floors 1
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1834 SOUTH DELAWARE STREET		Street Address 570 CLEMIS RUN	
City, State, Zip Code PAULSBORO NJ 08858		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4818
Start Date (10) 10/17/18		Scheduled Completion Date (11) 10/20/18	License No. 01143
Occupancy Status During Abatement (Check Only One)			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
Other - Describe: RESIDENTIAL			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 150 sq ft or 250 sq ft			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-enclosed ("") and Non-Frangible Procedures			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Exclusively 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 LP)
KITCHEN	Yes No N/A	SHEET FLOORING	110 SF
BASEMENT	Yes No N/A	FLOOR TILE	578 SF
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	NJ DEP Waste Hauler ID No. 0034898	Cubic Yards of Waste 30	Name of Registered Landfill CUMBERLAND COUNTY COMPLEX
City, State MULLICA HILL NJ	Disposal Date 10/22/2018	City, State L. SEERFIELD TWP.	
Completed by RON SWANSON	Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 10/16/2018

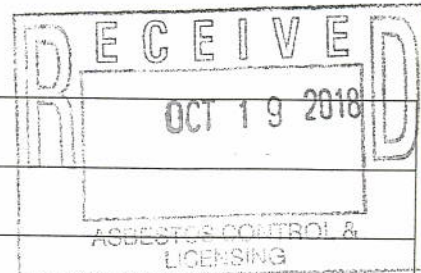
A88-41 (R-05-02)

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

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



Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Plainfield 22 Developers LLC							
Agencies Notified	Type Notification	Street Address 1195 Route 70, Suite 2000							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, New Jersey 08701							
		Name of Contact Maurice Zakaria	Telephone Number 732-961-8112						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fabric Store		Type of Facility (4)							
Street Address 855 Route 22		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)							
City (5) North Plainfield, New Jersey 07060		Square Feet 30,000	# of Floors 1						
		Bldg. Age 55+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services LLC		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 134 Bennington Parkway		Street Address 606 McBride Ave							
City, State, Zip Code Franklin Park, New Jersey 08823		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No. 201-652-1119	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 10/26/2018	Scheduled Completion Date (11) 12/31/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag 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
Lower Level Section			X	Roofing Material	16,400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 180	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey		Disposal Date 12/31/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 	Date 10/16/2018					

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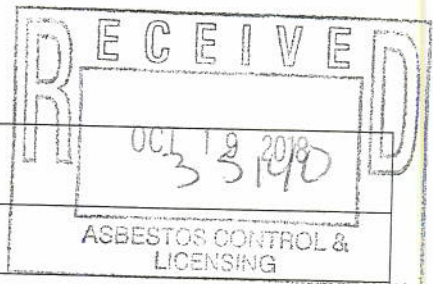
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
OCT 19 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Allied Group Renovation Experts							
Agencies Notified	Type Notification	Street Address 2109 Heck Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune, NJ 07753							
		Name of Contact Theresa	Telephone Number 732-257-0774						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 206 Highway 71, Spring Lake Heights, NJ		Type of Facility (4)							
Street Address 206 Highway 71		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Spring Lake Heights		Square Feet	# of Floors						
County (6) Cumberland		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/26/18	Scheduled Completion Date (11) 10/30/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOOR TILES	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEF Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/30/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 10/16/18			

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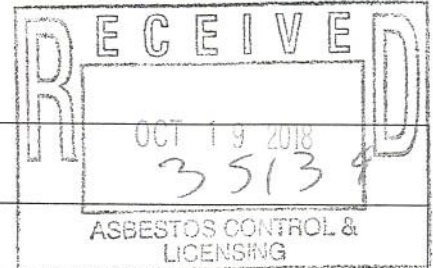
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 16 / 18		Name of Building Owner/Operator (2) Halidon, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 205 Old Corlies Avenue City, State, Zip Code Neptune, NJ 07753							
		Name of Contact Chris Frew	Telephone Number 732-991-0511						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1100 sf							
City (5) Lavallette		# of Floors 1							
County (6) Ocean		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 10 / 31 / 18	Scheduled Completion Date (11) 11 / 01 / 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		Name of OSHA Monitor E.M.S.L. Analytical							
		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/01/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/16/18			

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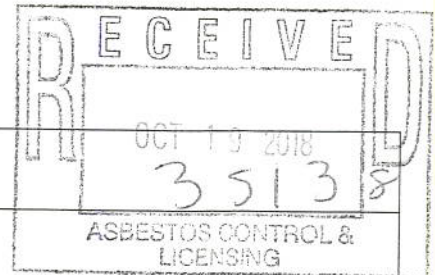
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>10</u> / <u>16</u> / <u>18</u>		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5115 Belmar Blvd. City, State, Zip Code Farmingdale, NJ 07727 Name of Contact Doug Telephone Number 732-681-0206							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 # of Floors 1 Bldg. Age 65							
City (5) Brick		County (6) Ocean							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932 License No. 00624							
Start Date (10) <u>10</u> / <u>30</u> / <u>18</u>		Scheduled Completion Date (11) <u>10</u> / <u>31</u> / <u>18</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor E.M.S.L. Analytical							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes			No	N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	
exterior		asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 10/31/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/16/18			

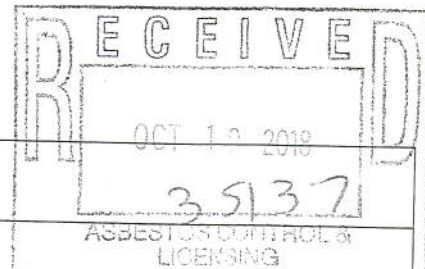
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 16 / 18		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5115 Belmar Blvd.							
		City, State, Zip Code Farmingdale, NJ 07727							
		Name of Contact Doug	Telephone Number 732-681-0206						
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) Lakewood		Square Feet 900	# of Floors 1						
		Bldg. Age 65							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 10 / 29 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 10/31/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 10/16/18			

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



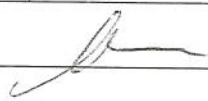
Date of Notification (1) 10 / 16 / 18		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5115 Belmar Blvd.							
		City, State, Zip Code Farmingdale, NJ 07727							
		Name of Contact Doug	Telephone Number 732-681-0206						
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) Lakewood		Square Feet 2000	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Residence							
ASCN No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 10 / 29 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	100 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 10/31/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature 		Date 10/16/18			

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

Check 18137


Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Ann Luvera					
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 Westfield, NJ 07090 Name of Contact Ann Luvera					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING					
City (5) Westfield		Square Feet 2000	# of Floors 2				
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 62				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC				
Street Address		Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 10/25/18		Scheduled Completion Date (11) 11/1/18					
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 <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		Name of OSHA Monitor					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address					
City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 75 LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement		X	pipe insulation	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill			
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA			
Completed by A. Scott Higgins		Title President	Signature 		Date 10/16/18		

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

Check 18136

Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Willie Dean Ravenell							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainfield, NJ 07063							
		Name of Contact Raphael Rodrigues	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)	ASBESTOS CONTROL & LICENSING						
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) Plainfield		Square Feet 2000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 10/17/18		Scheduled Completion Date (11) 10/24/18	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: <u>basement</u>		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	pipe insulation	10 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 10/16/18			

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

Check 18134

Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) Porraro Homes											
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation											
Street Address PO Box 8814		City, State, Zip Code Red Bank, NJ 07701											
Name of Contact Greg Porraro		Telephone Number 908-229-2155											
Name of Facility Where Abatement is Taking Place (3) home													
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Point Pleasant		Square Feet 2400											
County (6) Ocean		# of Floors 2											
County Code (7) (STATE USE ONLY)		Bldg. Age 66											
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Current Use (Prior if being demolished) home											
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC											
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive											
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418											
Telephone No.		Telephone No. 973-764-2276											
Start Date (10) 10/24/18		License No. 703											
Scheduled Completion Date (11) 11/8/18		Name of OSHA Monitor											
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address											
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type					
		Yes No N/A						Removal Repair Encapsulate Enclosure					
Basement				X		floor tile		900 SF		X			
Garage roof				X		roofing		50 SF		X			
Name of Registered Waste Hauler ABS Environmental Services, LLC		NJDEP Waste Hauler ID No. 104248		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill							
City, State Glenwood, NJ		Disposal Date TBD		City, State Easton PA									
Completed by A. Scott Higgins		Title President		Signature 		Date 10/15/18							

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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 19 2018

ASBESTOS CONTROL & LICENSING

CK7092

Date of Notification (1)
10/16/18

Name of Building Owner/Operator (2)
Bryan Fiedler Private Home

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address
[REDACTED]

City, State, Zip Code
Loveladies NJ 08008

Name of Contact
Bryan

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bryan Fiedler Private Home

Street Address
[REDACTED]

City (5)
Loveladies NJ 08008

County (6)
Ocean

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
1000+

of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
House & Garage

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
10/25/18

Scheduled Completion Date (11)
11/2/18

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding House & Garage			x	Exterior Siding	1900 SF	x			

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

Name of Registered Landfill
G.R.O.W.S.

City, State
Elm NJ

Disposal Date
11/2/18

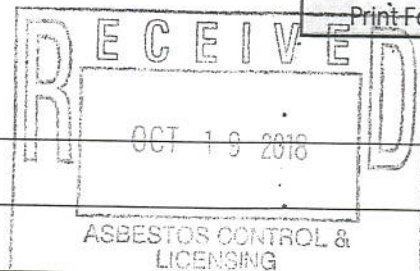
City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature
[Signature]

Date
10/16/18

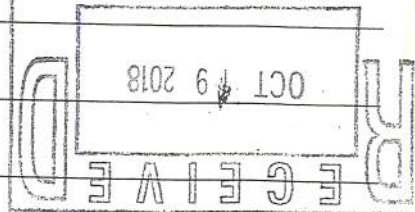


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3265

Date of Notification (1) 10/12/18		Check #3265		Name of Building Owner/Operator (2) Windsor Prep Academy		Street Address 60 W. Midland Avenue		City, State, Zip Code Paramus, NJ 07652		Name of Contact Andrew		Telephone Number 551-795-4573	
Agencies Notified		Type Notification		FACILITY INFORMATION		Name of Facility Where Abatement is Taking Place (3) Windsor Prep		Type of Facility (4)		Square Feet 30,000		# of Floors 2	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Current Use (Prior if being demolished) School		Bldg. Age 50+		County (6) BERGEN		County Code (7) (STATE USE ONLY)		Name of Monitoring Firm (8) N/A	
Street Address 60 W. Midland Avenue		City (5) Paramus, NJ		Name of Abatement Contractor (9) EA Services Corporation		Street Address 426 69th Street		City, State, Zip Code Guttenberg, NJ 07093		Telephone No. 201-295-1700		License No. 01074	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same as above		Street Address		City, State, Zip Code		Start Date (10) 10/13/18		Scheduled Completion Date (11) 10/15/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>1 PM</u>		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		Name of Registered Waste Hauler Tri-State Transfer, Inc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Boiler breaching		Amount (Specify SF or LF) 20 SF		Abatement Type Removal Repair Encapsulate Enclosure x		Name of Registered Landfill Minerva Enterprises Inc		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature 		Date 10/12/18		City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH	



Date of Notification (1)

10/16/2018

Name of Building Owner/Operator (2)

Pauline Kieth

Street Address

City, State, Zip Code

Prospect Park, NJ, 07508

Name of Contact

Pauline Kieth

Telephone Number

Agencies Notified

[] EPA

[] DEP

[X] DOL

[X] DOH

[] DCA

Type Notification

[X] Initial Notification

[] Amended Notification

[] EMERGENCY

[] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Pauline Kieth

Street Address

City (5)

Prospect Park

County (6)

Passaic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

[] School (K-12)

[] Subchapter 8 (Other than K-12)

[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

10 25 18
Month Day Year

Sched. Completion Date (11)

10 27 18
Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

[] Other - Describe: «Other Occupancy Descript»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf

[] >160 sf or >260 lf

[X] Renovation

[] Demolition

[] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	160 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri-State

City, State

Montclair, NJ 07042

Disposal Date

10/28/18

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

10/16/2018

10/11/2018 09:40 2812528321

AMAC

PAGE 02/03

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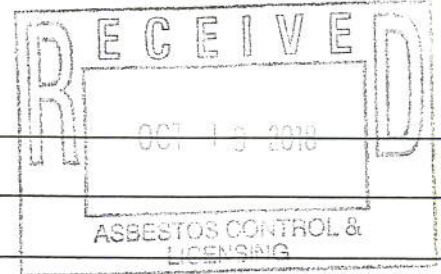
OK 1150

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

RECEIVED
OCT 19 2018
DOL 1156

Date of Notification (1) 10/11/18		Name of Building Owner/Operator (2) HAMIN REALTY		ASBESTOS CONTROL & LICENSING					
Agency Requested <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment & Emergency (excluding landfills) <input type="checkbox"/> Construction		Street Address 468-494 PLEASANT VALLEY WAY City, State, Zip Code WEST ORANGE NJ Name of Contact FERNANDO CABRERA Telephone Number 973-454-2368					
Name of Facility Where Abatement is Taking Place (3) COMM. BUILD				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> State Chapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)					
Street Address 470 PLEASANT VALLEY WAY		City (5) WEST ORANGE		County (6) ESSEX					
County Code (7) ESSEX		County Code (7) (STATES USE ONLY)		Current Use (Prior to being demolished) OFFICE					
Name of Monitoring Firm Hired by Building Owner (8)		AECOM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, N.J.					
City, State, Zip Code		Telephone No. 201-282-6811		License No. 00150					
Start Date (10) 10/11/18		Scheduled Completion Date (11) 10/18/18		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, N.J. 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 26 sq ft or more <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Enclosure with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glo-bag Procedure <input type="checkbox"/> Non-Particulate C1 and Non-Fibrous Formulation									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulation	Enclosure
Basement			X	PIPE	6 LF	X			
1st Floor			X	PIPE	60 LF	X			
Name of Registered Waste Handler Newark Carting, Inc.		NJCEP Waste Handler ID No. 04808		City/State of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 10/11/18		City, State Pen Argyl, PA 08072		Completed by R. McDonald Title President Signature R. McDonald Date 10/11/18			

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



Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Hackensack, NJ, 07601	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact Scott Luna	
<input checked="" type="checkbox"/> DOL	Amendment # <u>2</u>	Telephone Number 201-336-6804	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

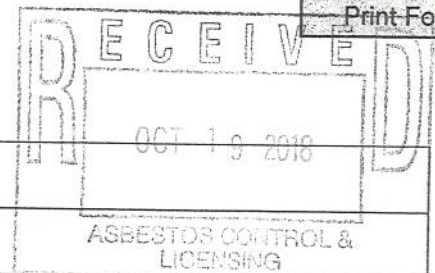
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 10 Main St.			
City (5) Hackensack		Square Feet 342,797	# of Floors 5
		Bldg. Age 1957	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. 00120	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 280 Huyler Street		Street Address 32 Willow Way	
City, State, Zip Code South Hackensack, NJ, 07606		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Alex Palets		Telephone No. 201-481-6209	License No. 01331
Start Date (10) 5/7/18		Scheduled Completion Date (11) 4/20/2019	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>08:00pm - 04:30am</u>		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 lf 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
Please See Attached									

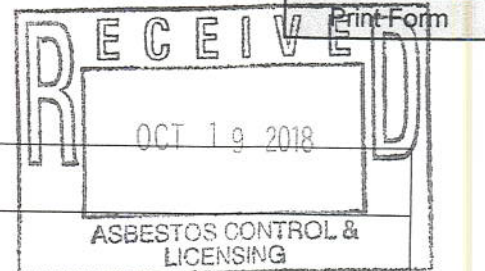
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+ CU YD	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 10/16/18	

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



Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Howard landmen Private Home							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Loveladies NJ 08008 Name of Contact Howard							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Howard landmen Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Loveladies NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 10/25/18	Scheduled Completion Date (11) 11/2/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding House & Garage			x	Exterior Siding	2500 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/16/18		



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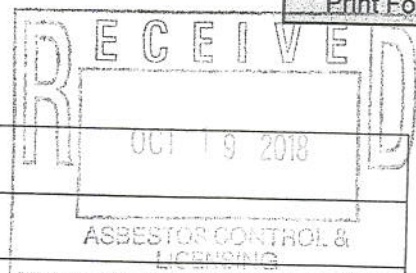
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 7090

Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Marc Kushner Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Marc	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marc Kushner Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 10/25/18		Scheduled Completion Date (11) 11/2/18	License No. 00727						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Siding House & Garage			x	Exterior Siding	2500 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/16/18		

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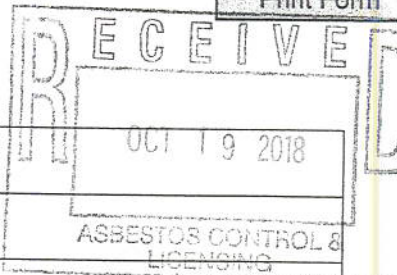
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) David Rosenzweig Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Crest NJ 08008							
		Name of Contact David	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David Rosenzweig 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) Beach Haven Crest NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/25/18	Scheduled Completion Date (11) 11/2/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input 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 Siding House & Garage			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/16/18			

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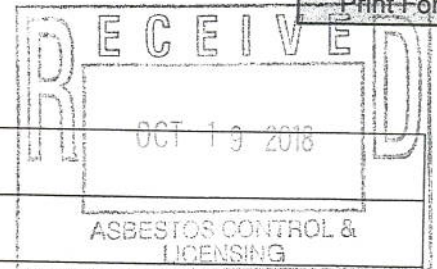
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Michael & Christine Kustrup Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Gardens NJ 08008							
		Name of Contact Mike	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Michael & Christine Kustrup 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) Beach Haven Gardens NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 10/29/18		Scheduled Completion Date (11) 10/2/18	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding House & Shed			x	Exterior Siding	2100 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/16/18		

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

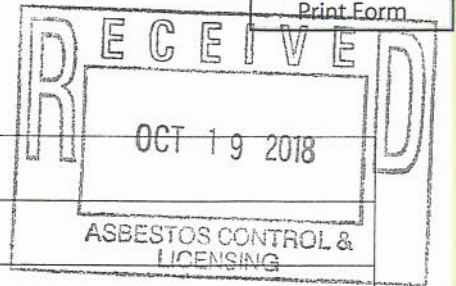


Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) Keith Desena Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach Haven NJ 08008							
		Name of Contact Keith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Keith Desena 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) North Beach Haven NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 10/25/18	Scheduled Completion Date (11) 11/2/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Siding House & Garage			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/16/18			

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

Print Form



CK 23401

Date of Notification (1) 10/15/2018		Name of Building Owner/Operator (2) NJSDA	
Agencies Notified	Type Notification	Street Address 32 EAST FRONT ST., P.O. BOX 991	
<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 TRENTON, NJ 08625	
		Name of Contact TONY SASSINE	Telephone Number 609 858 5168

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) WOODLAND 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 730 CENTRAL STREET		Square Feet	# of Floors
City (5) PLAINFIELD		Bldg. Age	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN CO.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 7 PLEASANT HILL ROAD		Street Address 11 VREELAND AVENUE	
City, State, Zip Code CRANBURY, NJ 07812		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm KEVIN LOVELY	Telephone No. 732-390-5858	Telephone No. 973-956-8700	License No. 00494
Start Date (10) 10/25/2018	Scheduled Completion Date (11) 9/14/2019	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		Street Address	
		City, State, Zip Code	

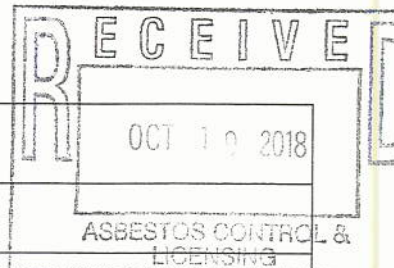
Scope of Work (Check All That Apply)

<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 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			
						Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	Yes	No	N/A						

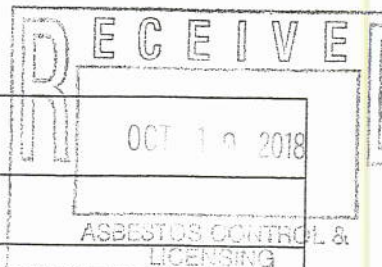
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ	Disposal Date 9/14/2019	City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 10/15/2018

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



Date of Notification (1) 8 / 22 / 18		Name of Building Owner/Operator (2) New Jersey Department of Military & Veterans							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 sec 10 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Eggerts Crossing Road						
			City, State, Zip Code Lawrenceville, NJ 08648						
			Name of Contact William McBride						
		Telephone Number 609 530-7139							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WOODBURY ARMORY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 658 NORTH EVERGREEN AVENUE									
City (5) WOODBURY		Square Feet 66000	# of Floors 2						
		Bldg. Age 68							
County (6) GLOUCESTER		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 1253 North Church Street		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm		Telephone No. 856 840-8800	License No. 00783						
Start Date (10) 10 / 18 / 18		Scheduled Completion Date (11) 11 / 30 / 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 N/A							
		City, State, Zip Code N/A							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILER LAGGING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JOINTS A/W PIPE INSULATION	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE				Disposal Date	City, State WAYNESBURG, OHIO				
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature <i>Christine DelViscio</i>		Date 10-17-2018			

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

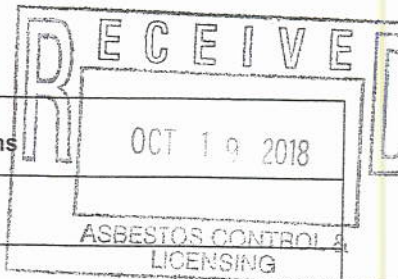


1283-02

Date of Notification (1) <div style="text-align: center;">8 / 22 / 18</div>		Name of Building Owner/Operator (2) New Jersey Department of Military & Veterans							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 10912418 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact William McBride	Telephone Number 609 530-7139						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WOODBURY ARMORY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 658 NORTH EVERGREEN AVENUE		Square Feet 66000	# of Floors 2						
City (5) WOODBURY		Bldg. Age 68							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 1253 North Church Street		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm		Telephone No. 856 840-8800	License No. 00783						
Start Date (10) 09/27/2018	Scheduled Completion Date (11) 10 / 31 / 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 N/A City, State, Zip Code N/A							
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 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
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILER LAGGING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JOINTS A/W PIPE INSULATION	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>	Date 9-14-2018					

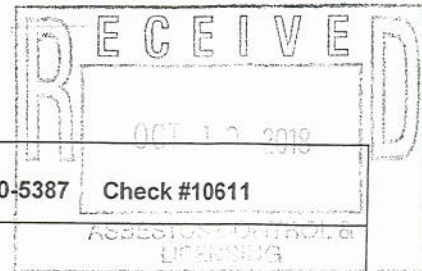
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

1283-02



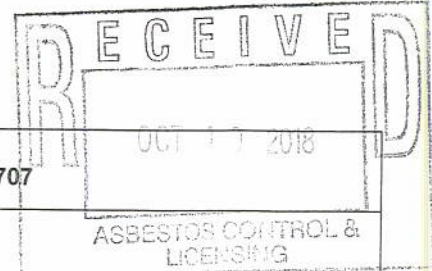
Date of Notification (1) 8 / 22 / 18		Name of Building Owner/Operator (2) New Jersey Department of Military & Veterans							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact William McBride	Telephone Number 609 530-7139						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WOODBURY ARMORY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 658 NORTH EVERGREEN AVENUE		Square Feet 66000	# of Floors 2						
City (5) WOODBURY		Bldg. Age 68							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 1253 North Church Street		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm	Telephone No. 856 840-8800	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 9 / 6 / 18	Scheduled Completion Date (11) 10 / 31 / 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 N/A City, State, Zip Code N/A							
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 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
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILER LAGGING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JOINTS A/W PIPE INSULATION	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>				Date 8-22-2018			

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



Date of Notification (1) 10 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communications / Job #1810-5387		Check #10611					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Carol Soukup Telephone Number 856-429-2231					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Woodbury CO				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 24 Curtis Avenue				Square Feet					
City (5) Woodbury, NJ 08096				# of Floors					
County (6) Gloucester				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00529					
Start Date (10) 11 / 5 / 18		Scheduled Completion Date (11) 11 / 12 / 18		Name of OSHA Monitor EMSL Analytical					
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: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input 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 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
Penthouse Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Paint Roof Flashing	440 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel Stop	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Paint Roof Flashing	1,252 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 11/12/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 10/5/18			

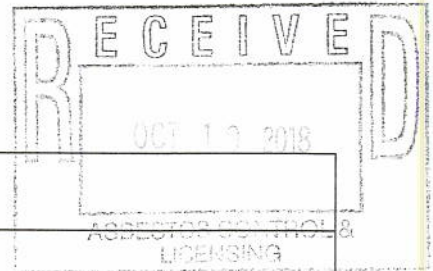
State of New Jersey
PAID NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>10</u> / <u>16</u> / <u>18</u>			Name of Building Owner/Operator (2) PSE&G / Job # 1809-5381 Check #10707						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Ken Carmelia Telephone Number 609-410-0038					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Central Gas Plant			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 164 Silver Lake Avenue			Square Feet # of Floors Bldg. Age						
City (5) Edison, NJ			County (6) Middlesex						
County Code (7) (STATE USE ONLY) Gas Plant		Current Use (Prior if being demolished) Gas Plant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-265-2107		License No. 00529					
Start Date (10) <u>10</u> / <u>25</u> / <u>18</u>		Scheduled Completion Date (11) <u>10</u> / <u>25</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical					
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: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	30 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 Environmental Transport Group		NJDEP Waste Hauler ID No. NJD0006920		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Flanders, NJ		Disposal Date 10/25/18		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 10/16/18			

PAID

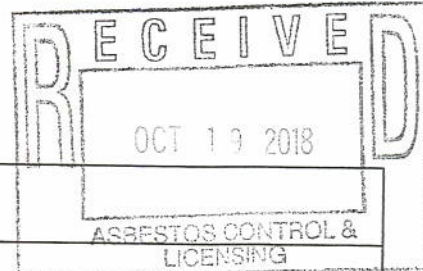
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK 1390

Date of Notification (1) 10 / 16 / 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 # 2 <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									
City (5) Totowa		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	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	License No. 1188						
Start Date (10) 09 / 04 / 18	Scheduled Completion Date (11) 12 / 19 / 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 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
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation - Wrap & Cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meese Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap & Cut	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"/>
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 10/16/18			

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

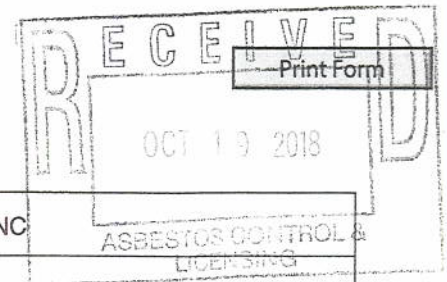


CK 1389

Date of Notification (1) 10 / 16 / 18		Name of Building Owner/Operator (2) CenterPoint South Brunswick LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1808 Swift Drive							
		City, State, Zip Code Oak Brook, IL 60523							
		Name of Contact Brendan Warland	Telephone Number 201-221-1904						
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 27 Distribution Way									
City (5) South Brunswick		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	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	License No. 1188						
Start Date (10) 10 / 27 / 18	Scheduled Completion Date (11) 11 / 30 / 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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Packing Material b/w plates	225 SF	<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"/>	Boiler Plate Gasket Seal	165 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 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 10/16/18			

PAID

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



CK 500

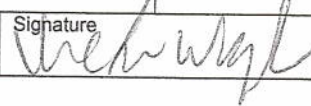
Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Gateway Community Ation Partnership ,INC							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ, 08032							
		Name of Contact MR Tim Finch	Telephone Number 856-497-6708						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Bridgeton		Bldg. Age N/A							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 10/26/2018		Scheduled Completion Date (11) 10/28/2018	License No. 01274						
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: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC							
		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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		Duct insulation	60sf	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 10/16/2018			

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

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ASBESTOS CONTROL & LICENSING

CK499

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Gateway Community Action Partnership, INC							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ, 08032							
		Name of Contact MR Tim Finch	Telephone Number 856-497-6708						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Bridgeton		Square Feet N/A	# of Floors N/A						
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 10/26/2018	Scheduled Completion Date (11) 10/28/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
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: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Duct insulation	60sf	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 10/16/2018			

CK 498 PAID

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

Print Form
OCT 19 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Gateway Community Action Partnership, INC							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ, 08032							
		Name of Contact MR Tim Finch	Telephone Number 856-497-6708						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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) Mellville		Square Feet N/A	# of Floors N/A						
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 10/27/2018	Scheduled Completion Date (11) 10/28/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<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: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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		Duct insulation	60sf	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 10/16/2018			

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

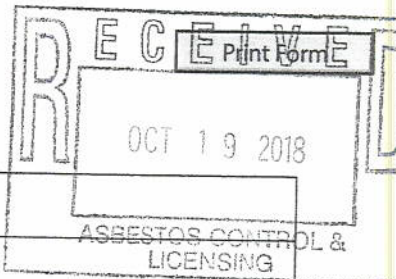
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OCT 19 2018
ASBESTOS CONTROL & LICENSING

CK407

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Gateway Community Aition Partnership ,INC							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ, 08032							
		Name of Contact MR Tim Finch	Telephone Number 856-497-6708						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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) Westville		Square Feet N/A	# of Floors N/A						
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	License No. 01274						
Start Date (10) 10/25/2018	Scheduled Completion Date (11) 10/26/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<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: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Duct insulation	60sf	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ			Disposal Date TBD	City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 10/16/2018			

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



Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Gateway Community Action Partnership, INC							
Agencies Notified	Type Notification	Street Address 110 Cohansey Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ, 08032							
		Name of Contact MR Tim Finch	Telephone Number 856-497-6708						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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) Penns Grove		Square Feet N/A	# of Floors N/A						
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 10/25/2018		Scheduled Completion Date (11) 10/27/2018	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<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: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Duct insulation	60sf	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 10/16/2018			

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

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OCT 19 2018

ASBESTOS CONTROL & LICENSING

CK 493

Date of Notification (1)
10/09/2018

Name of Building Owner/Operator (2)
La Casa Don Pedro

Street Address
317 Roseville Avenue

City, State, Zip Code
Newark, NJ, 07107

Name of Contact
Cris Pagan

Telephone Number
973-485-0701

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
[REDACTED]

City (5)
Newark

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Private House

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-333-5144

License No.
01274

Start Date (10)
10/10/2018

Scheduled Completion Date (11)
10/11/2018

Name of OSHA Monitor
EHW ABATEMENT LLC

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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		BOILER INSULATION	40 SF	X			
BASEMENT		X		PIPE INSULATION	10 LF	X			

Name of Registered Waste Hauler
EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
N/A

Name of Registered Landfill
Tri State Transfer

City, State
Paterson, NJ, 07524

Disposal Date
TBD

City, State
Bronx, NY

Completed by
Victor Espiritu

Title
Project Manager

Signature
[Signature]

Date
10/09/2018

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

RECEIVED

OCT 19 2018

ASBESTOS CONTROL & LICENSING

CK495

Date of Notification (1)
10/16/2018

Name of Building Owner/Operator (2)
Aviva Friedman

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address
[REDACTED]

City, State, Zip Code
Hillside, NJ, 07205

Name of Contact
Aviva Friedman

Telephone Number

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

Street Address
[REDACTED]

City (5)
Hillside

County (6)
Union

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
PRIVATE HOUSE

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-333-5144

License No.
01274

Start Date (10)
10/18/2018

Scheduled Completion Date (11)
10/19/2018

Name of OSHA Monitor
EHW ABATEMENT LLC

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
Other - Describe: OCCUPIE

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	15 LF	X			

Name of Registered Waste Hauler
EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
N/A

Name of Registered Landfill
Tri State Transfer

City, State
PATERSON, NJ

Disposal Date
TBD

City, State
Bronx, NY

Completed by
Victor Espiritu

Title
Project Manager

Signature
Victor Espiritu

Date
10/16/2018

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

Cwk #3450

Date of Notification (1) 10 / 16 / 18		Name of Building Owner/Operator (2) Verizon Communications							
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 105 East Main Street							
		City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Charlie Messing	Telephone Number (917) 992-1356						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Moorestown 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 105 East Main Street									
City (5) Moorestown, NJ 08057		Square Feet 25,977	# of Floors 3						
		Bldg. Age +75							
County (6) Burlington		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 Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509						
Start Date (10) 10 / 30 / 18	Scheduled Completion Date (11) 11 / 7 / 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 / 5:00 PM - 2:00 AM		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 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 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
1st Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Telco Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	26 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Open Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	12 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 / <i>JD</i>		Date 10-16-18			