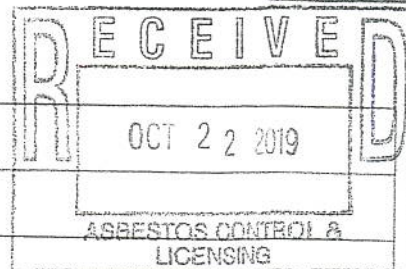
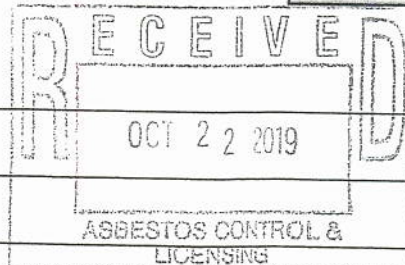


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



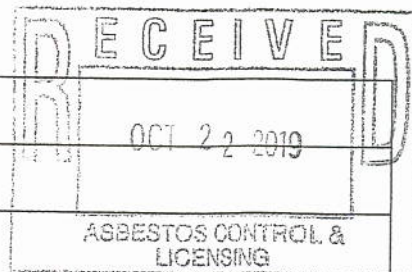
Date of Notification (1) 9/25/19		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4)							
Street Address 335 Madison Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden, NJ 07036		Square Feet 390	# of Floors 0						
County (6) Union County		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 10/11/19		Scheduled Completion Date (11) 10/12/19	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 135 Kinnelon Road							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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
Pool			X	Non Friable Soil	390 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ		Disposal Date 10/12/19		City, State Morrisville, PA					
Completed by John Mucha		Title ASHERA Project Designer		Signature 		Date 9/25/19			

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



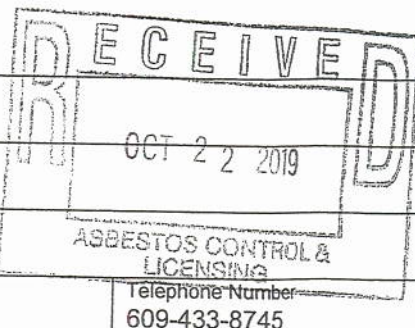
Date of Notification (1) 10/02/19		Name of Building Owner/Operator (2) NJDPMC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno		Telephone Number 609-433-8745					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION				Type of Facility (4)					
Street Address 1433 New Church Street				<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) Rahway, NJ 07065				Square Feet 2500	# of Floors 2 1/2				
County (6) Union County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned, BLUE ACRES					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Group, Inc.					
Street Address				Street Address 135 Kinnelon Road					
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 10/29/19		Scheduled Completion Date (11) 11/04/19		Name of OSHA Monitor Yannuzzi Group, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Road					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Garage			X	Window Glazing	50 LF	X			
Exterior Siding			X	Transite Siding	4300 SF	X			
Third Floor			X	Mastic Floor Tile	1200 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 72	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ				Disposal Date 11/04/19	City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 10/02/19			

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



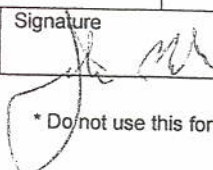
Date of Notification (1) 10/02/19		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 499 Central Ave		Square Feet 1750	# of Floors 2						
City (5) Rahway, NJ 07065		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 10/11/19		Scheduled Completion Date (11) 10/17/19	License No. 01228						
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 Yannuzzi Group, Inc.							
		Street Address 135 Kinnelon Road							
		City, State, Zip Code Kinnelon, NJ 07405							
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
Foyer			X	VAT & Mastic	260 SF	X			
First Floor			X	VAT & Mastic	595 SF	X			
Exterior			X	Chimney Mastic	7 SF	X			
Basement			X	Window Caulk	50 LF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ		Disposal Date 10/17/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 10/02/19			

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



Date of Notification (1) 10/02/19		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 993 Main Street		Square Feet 1700	# of Floors 2						
City (5) Rahway, NJ 07065		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 10/23/19	Scheduled Completion Date (11) 10/29/19	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	55 LF	X			
Basement			X	Pipe Fitting Insulation	11 EA	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 5	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ			Disposal Date 10/29/19	City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature 	Date 10/02/19					

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

Date of Notification (1) 10/02/19		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State St., 9th Floor		City, State, Zip Code Trenton, NJ 08625-0034							
Name of Contact Regina Bruno		Telephone Number 609-433-8745							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 926 Jefferson Ave		Square Feet 1750							
City (5) Rahway, NJ 07065		# of Floors 1 1/2							
County (6) Union County		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.							
Street Address		Name of Abatement Contractor (9) Yannuzzi Group, Inc.							
City, State, Zip Code		Street Address 135 Kinnelon Road							
Project Manager for Monitoring Firm		City, State, Zip Code Kinnelon, NJ 07405							
Telephone No.		Telephone No. 908-218-0880							
Start Date (10) 10/17/19		License No. 01228							
Scheduled Completion Date (11) 10/23/19		Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 135 Kinnelon Road							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Kinnelon, NJ 07405							
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
Garage			X	Window Caulk	20 LF	X			
Exterior			X	Transite Siding	1450 SF	X			
Exterior Roof			X	Roof & Chimney Flashing	15 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 15	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ		Disposal Date 10/23/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 10/02/19			

CK# 4425

INV # 153 PAID

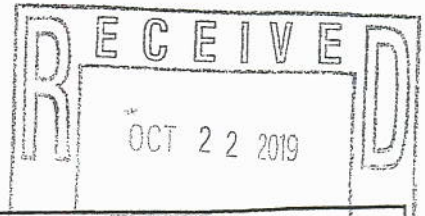
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10-18-19		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 17TH ST.		City, State, Zip Code SEA ISLE CITY N.J. 08243	
Name of Contact FORANIK		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) OCEAN CITY		# of Floors 1	
County (6) CAPE MAY		Bldg Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE NJ 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 10-28-19		License No. 01371	
Scheduled Completion Date (11) 11-8-19		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft <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-Frable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDWING		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) TRAW SITE		Amount (Specify SF or LF) 3250 SF	
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE N.J. 08052		Cubic Yards of Waste C.N.C. N.J.A.	
Disposal Date		Name of Registered Landfill WOODBINE N.J.	
Signature [Signature]		Date 10-18-19	
Completed By V. [Signature]		Title SUP.	

CK # 4925

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

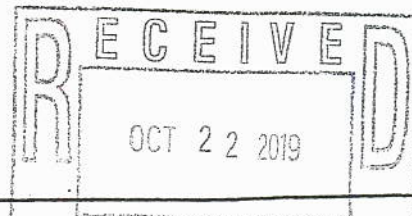


INV# 15308 PAID

Date of Notification (1) <u>10-18-19</u>		Name of Building Owner/Operator (2) <u>STAR CONSTRUCTION INC.</u>		ASBESTOS CONTROL & ABATEMENT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>P.O. Box 36</u>	
		City, State, Zip Code <u>MOORESTOWN N.J. 08057</u>		Name of Contact <u>MIKE</u>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age <u>1500</u> <u>1</u> <u>50+</u>		
City (5) <u>OCEAN CITY</u>			Current Use (Prior if being demolished) <u>VACANT</u>		
County (6) <u>CAPE MAY</u>			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <u>KLEMCO INC.</u>		
City, State, Zip Code			Street Address <u>369 S. SPRUCE AVE</u>		
Project Manager for Monitoring Firm			City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>		
Telephone No.			Telephone No. <u>856-779-0472</u>		
Start Date (10) <u>10-28-19</u>			Scheduled Completion Date (11) <u>11-08-19</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 <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor <u>N/A</u>		
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		
			City, State, Zip Code		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
				Amount (Specify SF or LF) <u>2000 SF</u>	
				Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		Name of Registered Landfill <u>C.M.C. M.V.A.</u>	
				City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>Sup.</u>		Signature <u>[Signature]</u>	
				Date <u>10-18-19</u>	

CK# 4925
Inv# 15309 PAID

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



Date of Notification (1) 10-18-19		Name of Building Owner/Operator (2) JERRY'S EXCAVATING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 INDIAN TRAIL RD.	
		City, State, Zip Code CAPE MAY COURT HOUSE NJ 08210	
		Name of Contact JERRY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	# of Floors 2
City (5) CAPE MAY COURT HOUSE		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEWCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371
Start Date (10) 10-28-19	Scheduled Completion Date (11) 11-8-19	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J		Name of Registered Landfill C. M. C. M. V. A	
Disposal Date		City, State WOODBINE N.J	
Completed By MICHAEL KLEWCO	Title SUP.	Signature M. Klewco	Date 10-18-19

State of New Jersey

Check # 16739

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

Date of Notification (1)

10/17/2019

Name of Building Owner/Operator (2)

Patrick Pierson

Street Address

City, State, Zip Code

Gillette, NJ, 07933

Name of Contact

Patrick Pierson

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Patrick Pierson

Street Address

City

Gillette

County

Morris

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

11 05 19

Month Day Year

Sched. Completion Date (11)

11 07 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By 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	ENCLOSURE	ENCLOSURE
Basement			X	Ductwork	20 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

11/08/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

10/17/2019

599 Long Hill Rd.

IN# 15402 PAID

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

CK 7880

Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) MS. JUDY FILANDRO					
Agency 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 UNION, NJ, 07083	Telephone Number [REDACTED]				
Name of Contact MS. FILANDRO							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS JUDY FILANDRO		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 1800	# of Floors 2				
City (5) UNION		Bldg. Age 1950					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 11/4/19	Scheduled Completion Date (11) 11/5/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
FIRST FLOOR BEDROOM			✓	VAT	260 #	X	
FIRST FLOOR MAIN ENTRANCE			✓	VAT	25 #	X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 11/5/19	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature [Signature]			Date 10/17/19		

CK 9643

Inv# 15333

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

*** EMERGENCY ***

B & G Proj. #: 2019-244

PAID

RECEIVED	
OCT 22 2019	
Check # 9643	
10-DAY ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07106	
Name of Contact Paulinus Egu		Telephone Number 973-733-7355	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) McKinley Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1 Colonnade Place			Squares Feet # of Floors Bldg. Age		
City (5) Newark, NJ 07112	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church Street		Street Address 105 Ryerson Road			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm James A. Gullardi		Phone Number 856-840-8600	Telephone Number (973) 698-8889		License Number 00378
Scheduled Start Date (10) 10/17/2019		Scheduled Completion Date (11) 10/19/2019			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with negative pressure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-fibrous procedure									
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 100			X	pipe insulation	9 lf				
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19999	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill					
City, State Lincoln Park, NJ		Disposal Date 10/19/2019		City, State Pen Argyle, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 10/17/2019			

B & G proj. #: 2019-244

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

*** EMERGENCY ***

Check #9643

Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 2 Cedar Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106		
		Name of Contact Paulinus Egu		
				Telephone Number 973-733-7355

FACILITY INFORMATION

Name of facility where abatement is taking place (3) McKinley 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1 Colonnade Place			Square Feet # of Floors Bldg. Age		
City (5) Newark, NJ 07112	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church Street			Street Address 105 Ryerson Road		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm James A Guilardi		Phone Number 856-840-8800	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/17/2019	Sched. Completion Date (11) 10/19/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Room 100			X	pipe insulation	9 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/19/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/17/2019

Inv# CK 1112 PAID

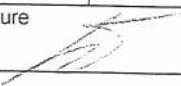
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Inv# 15401 Print Form

RECEIVED

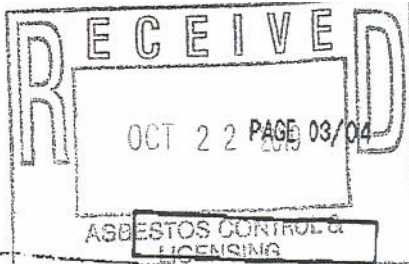
OCT 22 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 		Name of Building Owner/Operator (2) Robert Obernauer							
Agencies Notified	Type Notification	Street Address 							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Robert Obernauer	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		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) Paramus, NJ		Square Feet 1248	# of Floors 1						
County (6) Paramus		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1951						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address 		Street Address 164 Meriline Ave, Unit C							
City, State, Zip Code 		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm 		Telephone No. 	Telephone No. 973-807-6330						
Start Date (10) 10.25.2019		Scheduled Completion Date (11) 11.01.2019	License No. 01383						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Spes Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave, Unit C							
		City, State, Zip Code Woodland Park, NJ 07424							
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 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
Ground Floor - Throughout			X	Joint Compound Material	3800 SF	X			
Basement			X	Flu Packing Material	2 SF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ 07424		Disposal Date TBD		City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature 		Date 10.16.2019			

10/17/2019 09:28AM 9736381778

JNN #15336



Check#3461 **PAID** State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

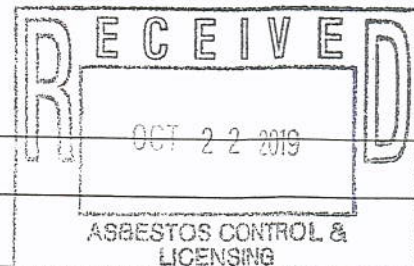
Date of Notification (1) 10 / 17 / 19		Name of Building Owner/Operator (2) Ms. Allison Burns-Ferro Street Address [REDACTED] City, State, Zip Code Englewood, NJ 07631 Name of Contact Garry Toriello Telephone Number [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Englewood, NJ 07631 County (6) Bergen County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-356-3511 License No. 01127
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 10 / 18 / 19		Scheduled Completion Date (11) 10 / 25 / 19	
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 Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E 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 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Non-Exempted (*) and Non-Fileable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1st floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Walls plaster	950 SF
2nd floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Walls plaster	500 SF
1st floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Duct-wrap&cut	18 LF
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD
Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA		Disposal Date TBD	Signature [Signature] Date 10/17/19

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

Inv# 15403

OK 22996 PAID

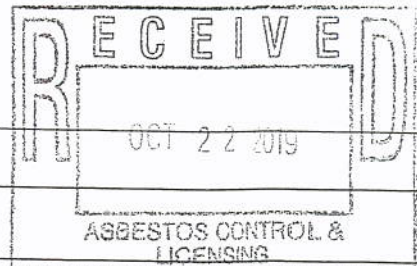
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) PEPCO Holdings						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address PO Box 231, Mail Stop 88MK64 City, State, Zip Co Wilmington, DE 19801	ASBESTOS CONTROL & LICENSING					
		Name of Contact B. Brainard	Telephone Number 302-429-3326					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mickleton Sub Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) XX Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 176 Harmony rd		Square Feet 700	# of Floors 1 Bldg. Age 50					
City (5) Gibbstown		Current Use (prior if being demolished) MISC.						
County (6) Gloucester	County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.	ASCM No.	Name of Contractor (9) County Environmental						
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.						
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720						
Project Manager for Monitoring Firm Wesley Morrison	Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578					
Scheduled Start Date (10) 11-4-19	Scheduled Completion Date 11-8-19	Name of OSHA Monitor County Environmental						
Occupancy Status During Abatement (Check only one) XX Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road						
Scope of Work (Check all that apply) X ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf		City, State, Zip Code New Castle, DE 19720						
		Full Containment with Negative Pressure <input type="checkbox"/> Renovation X Demolition <input type="checkbox"/> Mini-Enclosure X 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
Exterior	X			asbestos cement siding panels	1,964 SF	X		
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva				
City, State New castle DE		Disposal Date TBA		City, State Waynesburg OH				
Completed by Ben Hodgdon	Title PM	Signature				Date 10-18-19		

Inv# 15404
OK 22995 PAID

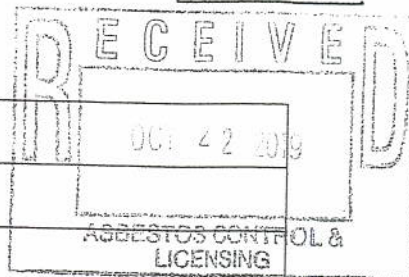
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10-18-19		Name of Building Owner/Operator (2) Stepan Company							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 201 4 th St City, State, Zip Co Fieldsboro, NJ 08505 Name of Contact B. Jamison Telephone Number 609-298-1222							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stepan East Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 4 th St		Square Feet 10,000							
City (5) Fieldsboro		# of Floors 2							
County (6) Burlington		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) industrial							
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.							
Street Address 760 Pulaski Highway		Name of Contractor (9) County Environmental							
City, State, Zip Code New Castle, DE 19720		Street Address 461 New Churchmans Rd.							
Project Manager for Monitoring Firm Wesley Morrison		City, State, Zip Code New Castle, DE 19720							
Telephone No. (302) 326-2333		Telephone Number (302) 322-8946							
License Number 00578		Name of OSHA Monitor County Environmental							
Scheduled Start Date (10) 11-5-19		Scheduled Completion Date 11-6-19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road City, State, Zip Code New Castle, DE 19720							
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 <input type="checkbox"/> Mini-Enclosure Glovebag Procedure X 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	X			asbestos cement siding panels	10 SF	X			
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990		Cubic Yards of Waste	Name of Reg. Landfill Minerva				
City, State New castle DE		Disposal Date TBA		City, State Waynesburg OH					
Completed by Ben Hodgdon	Title PM	Signature				Date 10-18-19			

Inv # 15402
CK 1913 PAID

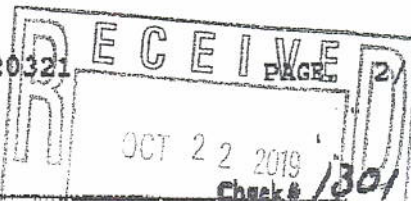
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10-15-2019		Name of Building Owner/Operator (2) Saso Efremovski							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Clifton NJ 07011							
		Name of Contact Saso Efremovski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton NJ 07011		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		Current Use (Prior if being demolished) Private Dwelling							
Street Address 2108 Fulton Street Suite 2A		Name of Abatement Contractor (9) Amax Contracting LLC							
City, State, Zip Code Brooklyn NY 11233		Street Address PO BOX 734							
Project Manager for Monitoring Firm Kayode Adefisoye		City, State, Zip Code Woodland Park NJ 07424							
Telephone No.		Telephone No. 973-692-6298	License No. 01266						
Start Date (10) 10-24-2019	Scheduled Completion Date (11) 11-01-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 01-09-2019	City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager	Signature <i>[Signature]</i>				Date 10-15-2019		

14.10.2019 08:35 AM A. Mac Contracting

2012620321



3

Inv# 15204

OK 1301

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

OCT 22 2019

Check# 1301

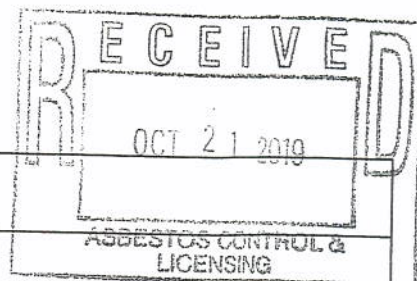
DOL - 10 DAY

LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2)		DOL - 10 DAY	
10/14/19		JOANNE BRUNO		LICENSING	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		City, State, Zip Code		RIDGEFIELD PARK NJ 07660	
		Name of Contact		JOANNE	
		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
GARAGES			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address			Square Feet		
9 LINCOLN AVE			8500		
City (5)			# of Floors		
RIDGEFIELD PARK			1		
County (6)			Sdg. Age		
BERGEN			62		
County Code (7) (State Use Only)			Current Use (Prior to being demolished)		
			GARAGES / DEMO		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9)		
ASCM No.			A. Mac Contracting Inc.		
Street Address			Street Address		
			185 Vreeland Ave.		
City, State, Zip Code			City, State, Zip Code		
			Midland Park, NJ 07432		
Project Manager for Monitoring Firm			Telephone No.		
			201-292-8841		
Start Date (10)			License No.		
10/14/19			00166		
Scheduled Completion Date (11)			Name of OSHA Monitor		
10/21/19			Omega Environmental Services Inc.		
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 type="checkbox"/> Other - Describe:			280 Huyler Street		
			City, State, Zip Code		
			Hackensack, NJ 07608		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 15 of or 33 ft <input type="checkbox"/> 150 of or 280 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"/> Glovebag Procedure <input type="checkbox"/> Non-Exhausted ("") and Non-Freeze Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance Personnel? (13)		Description of Asbestos Containing Material (ACM) (14)	
		Yes No N/A		Amount (15) (SP or LP)	
ROOF		X		FLASHING 1,500 LP X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Name of Registered Landfill	
Newark Carting Inc.		04509		Grand Central Sanitary Landfill	
City, State		Chipped Date		City, State	
Newark, NJ 07105		10/14/19		Pen Argyl, PA 06072	
Completed by		Title		Signature	
R. McDonald		President		R. McDonald	
				Date	
				10/14/19	

Inv 15341 and 15343

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

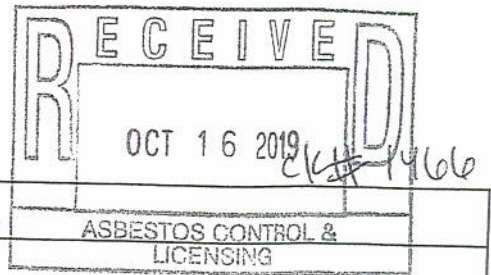


Date of Notification (1) 10 / 17 / 19		Name of Building Owner/Operator (2) Weequahic Preservation LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1865 Palmer Avenue							
		City, State, Zip Code Larchmont, NY 10538							
		Name of Contact Michael Handler	Telephone Number 347-738-0363						
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 515 Elizabeth Avenue		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CSA Consulting		ASCN No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address PO Box 329		Street Address 27 Outwater Lane							
City, State, Zip Code Belmar, NJ 07719		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Michael Chain	Telephone No. 732-921-9223	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 09 / 26 / 19	Scheduled Completion Date (11) 12 / 31 / 19	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 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 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
28 th Floor Boiler Roomg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mudded Fittings	5 Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment 1MB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment 1MB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	6 Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment 2MB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD	City, State Pen Argyl, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager		Signature Allen Monchik			Date 10/17/19			

RECEIVED
OCT 21 2019
ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 10/17/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/07/19		Name of Building Owner/Operator (2) City of Clifton	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Clifton Ave City, State, Zip Code Clifton, NJ 07013 Name of Contact Ellen Tar c/o West End KB Builders & Developers	
		Telephone Number 732-389-3355 x19	

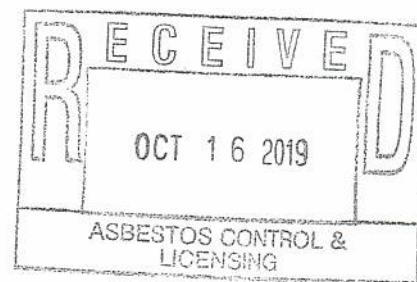
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Clifton Station No 5		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 51 Brighton Road		Square Feet 6,000	# of Floors 1
City (5) Clifton		Bldg. Age 55+	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 655 West Shore Trail		Street Address 32 Willow Way	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Bill Kerbel	Telephone No. 973-729-5649	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 10/28/19	Scheduled Completion Date (11) 11/11/19	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Un-Occupied		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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

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

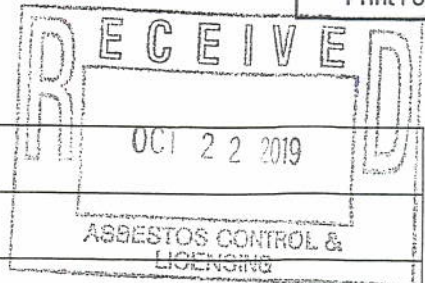
Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 30+	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Zhivko Nikolov	Title President	Signature 	Date 10/07/19

**State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet**

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Electrical Room	X			2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	250 SF	X			
Storage Room & Foyer Outside Storage Room		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	105 SF	X			
Day Room Closet		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	25 SF	X			
Linen Closet		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	60 SF	X			
Boiler Room	X			2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	15 SF	X			
Apparatus Room- Engine Bay		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	32 SF	X			
Apparatus Room-Hazmat Truck Bay		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	16 SF	X			
Apparatus Room - Bucket Truck Bay		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	8 SF	X			
Exterior Front - behind Metal Window Panels of the Day Room/ Corridor and Entrance/ Watch Room		X		Transite Panel Boards- Behind Metal Panels Under Windows	8 SF	X			
Exterior of Building on Façade - All Sides		X		Transite Shingles	700 SF	X			
Roof - Base of Roof Perimeter, Drains, Curbs, Penetrations, Ect.	X			Roof Flashing	250 SF	X			

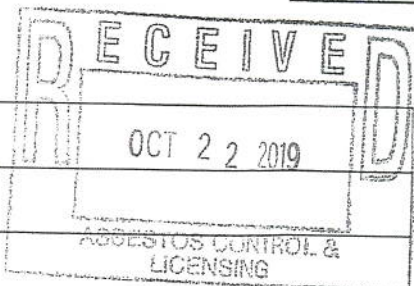


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



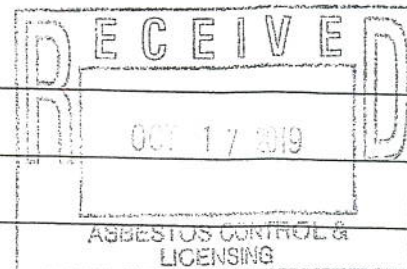
Date of Notification (1) 10/21/19		Name of Building Owner/Operator (2) Brixmor Property Group							
Agencies Notified	Type Notification	Street Address One Fayette Street, Suite 150							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Pranav Ambati	Telephone Number 610-834-7799						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tinton Falls Plaza		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 980 Shrewsbury Avenue		Square Feet 30,000	# of Floors 1						
City (5) Tinton Falls		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial / Retail							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) 10/22/19	Scheduled Completion Date (11) 11/15/19	Name of OSHA Monitor EMSL							
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>6 am - 2:30 pm</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space 07 B			X	Floor tile mastic	6000 sf	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Fairless Hills					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>	Date 10/21/19					

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



Date of Notification (1) 10/15/19		Name of Building Owner/Operator (2) Brixmor Property Group							
Agencies Notified	Type Notification	Street Address One Fayette Street, Suite 150							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Pranav Ambati	Telephone Number 610-834-7799						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tinton Falls Plaza		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 980 Shrewsbury Avenue		Square Feet 30,000	# of Floors 1						
City (5) Tinton Falls		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial / Retail							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) 10/28/19	Scheduled Completion Date (11) 11/22/19	Name of OSHA Monitor EMSL							
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: 4 pm - 12 am		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
Space 07 B			X	Floor tile mastic	6000 sf	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Fairless Hills					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>	Date 10/15/19					

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

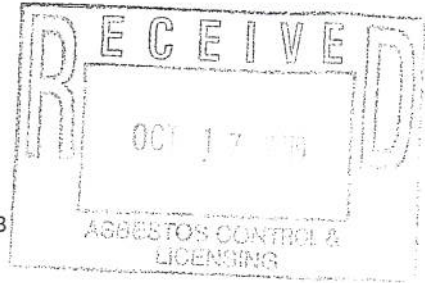


Date of Notification (1) 10/11/19 (Abatement still underway)		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Trenton, NJ 08625-0034							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4)							
Street Address 835 Main Street		<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) Rahway, NJ 07065		Square Feet 2650	# of Floors 2 1/2						
County (6) Union County		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 10/07/19	Scheduled Completion Date (11) 10/18/19	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Kinnelon, NJ 07405							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
		<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	Dining Room & Kitchen Walls	395 SF	X			
Exterior Windows			X	Throughout	500 LF	X			
Exterior Siding			X	Transite Siding	2600 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ		Disposal Date 10/11/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature			Date 10/11/19		

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 2117
 DESTINATION ADDRESS 6096330664
 SUBADDRESS
 DESTINATION ID
 ST. TIME 10/14 08:33
 TX/RX TIME 00' 26
 PGS. 1
 RESULT OK
 COMM. MODE ECM



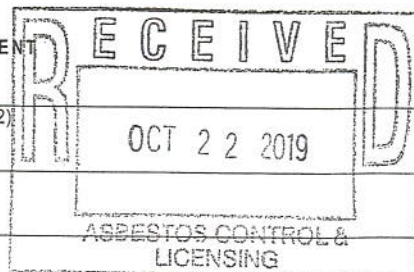
Print Form

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

Date of Notification (1) 10/11/19 (Abatement still underway)		Name of Building Owner/Operator (2) NJDPMC					
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor					
<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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034					
		Name of Contact Regina Bruno	Telephone Number 609-433-8745				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4)					
Street Address 835 Main Street		<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) Rahway, NJ 07065		Square Feet 2650	# of Floors 2 1/2				
County (6) Union County		County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.				
Street Address		Street Address 135 Kinnelon Road					
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228				
Start Date (10) 10/07/19		Scheduled Completion Date (11) 10/18/19					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road					
		City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair

Inv# 15421
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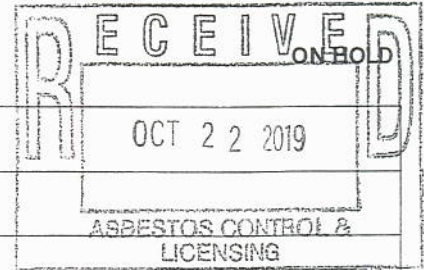
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



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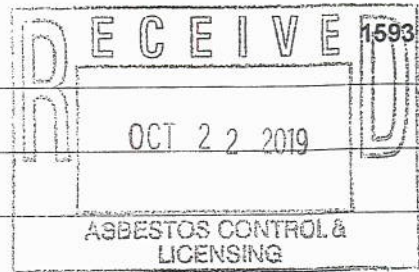
Date of Notification (1) October 17, 2019		Name of Building Owner/Operator (2) Torcon, Inc							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2	One Crescent Drive							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia, PA 19112							
		Name of Contact Project Manager	Telephone Number 973-234-7026						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Building		Type of Facility (4)							
Street Address South Harvard Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cherry Hill, NJ		Square Feet	# of Floors						
County (6) Camden		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) empty							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-864-6583	License No. 00781						
Start Date (10) 10/21/19	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Central Bldg	<input checked="" type="checkbox"/>			floor tile	TBD	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			roofing	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.					
City, State Newark, NJ		Disposal Date 12/31/19		City, State Bethlehem, PA / Waynesburg, OH					
Completed by Mike Cooper		Title President		Signature 		Date 10/17/19			

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



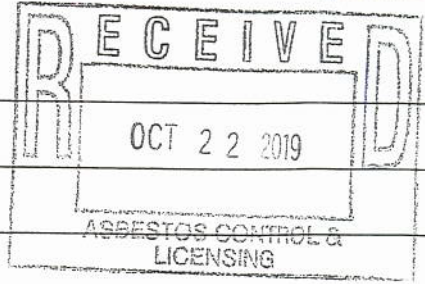
Date of Notification (1) October 01, 2019		Name of Building Owner/Operator (2) Torcon, Inc							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	One Crescent Drive City, State, Zip Code Philadelphia, PA 19112							
		Name of Contact Project Manager	Telephone Number 973-234-7026						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Building		Type of Facility (4)							
Street Address South Harvard Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cherry Hill, NJ		Square Feet	# of Floors						
County (6) Camden		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) empty							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-864-6583	License No. 00781						
Start Date (10) HOLD	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Central Bldg	<input checked="" type="checkbox"/>			floor tile	TBD	<input checked="" type="checkbox"/>			
roofing	<input checked="" type="checkbox"/>			roofing	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.					
City, State Newark, NJ		Disposal Date 12/31/19		City, State Bethlehem, PA / Waynesburg, OH					
Completed by Mike Cooper		Title President	Signature 	Date 10/1/19					

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



Date of Notification (1) September 30, 2019		Name of Building Owner/Operator (2) Torcon, Inc						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	One Crescent Drive City, State, Zip Code Philadelphia, PA 19112 Name of Contact Project Manager						
		Telephone Number 973-234-7026						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Central Building		Type of Facility (4)						
Street Address South Harvard Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Cherry Hill, NJ		Square Feet	# of Floors					
County (6) Camden		Bldg. Age						
County Code (7) Camden		Current Use (Prior if being demolished) empty						
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-864-6583	License No. 00781					
Start Date (10) 10/1/19	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209						
<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 Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
Central Bldg	<input checked="" type="checkbox"/>			floor tile	TBD	<input checked="" type="checkbox"/>		
roofing	<input checked="" type="checkbox"/>			roofing	TBD	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Newark		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.				
City, State Newark, NJ		Disposal Date 12/31/19		City, State Bethlehem, PA / Waynesburg, OH				
Completed by Mike Cooper		Title President	Signature 	Date 9/30/19				

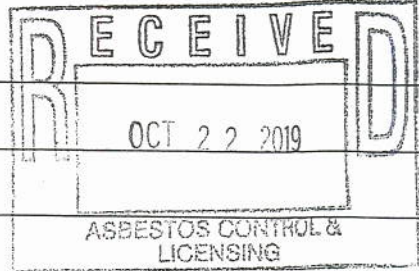
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv# 15422 PAID
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Date of Notification (1) 10/15/2019		Name of Building Owner/Operator (2) Susan Walsh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Maplewood, NJ 07040							
		Name of Contact Susan Walsh	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Maplewood		Bldg. Age N/A							
County (6) Essex	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/25/2019	Scheduled Completion Date (11) 10/26/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 10/15/2019			

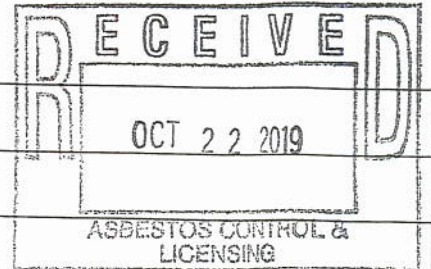
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/15/2019		Name of Building Owner/Operator (2) Mahwah Business Center							
Agencies Notified	Type Notification	Street Address 65 Ramapo Valley Road							
<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 Mahwah, NJ 07430							
		Name of Contact John Sulikowski	Telephone Number 201-376-7752						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 59 Ramapo Valley Road		Square Feet N/A	# of Floors N/A						
City (5) Mahwah		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/28/2019	Scheduled Completion Date (11) 10/29/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Bldg 59 Garage		X		Pipe Insulation	110 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 10/15/2019		

Inv# 15425
OK 2203 PAID

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



Date of Notification (1) 10/15/2019		Name of Building Owner/Operator (2) Mahwah Business Center							
Agencies Notified	Type Notification	Street Address 65 Ramapo Valley Road							
<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 Mahwah, NJ 07430							
		Name of Contact John Sulikowski	Telephone Number 201-376-7752						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 65 Ramapo Valley Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mahwah		Square Feet N/A	# of Floors N/A						
County (6) Bergen		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/28/2019		Scheduled Completion Date (11) 10/29/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Suite 101 Vault Room		X		Pipe Insulation	12 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 10/15/2019		

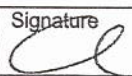
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Inv# 15428
CK 7648 **PAID**

Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Pat O'Rourke Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
<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 Manahawkin NJ 08050			
		Name of Contact Pat		Telephone Number [REDACTED]	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pat O'Rourke 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) Manahawkin NJ 08050			Square Feet 1000+	# of Floors 1	Bldg. Age 50+
County (6) Ocean		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.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 10/30/19		Scheduled Completion Date (11) 11/12/19		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
Through-out			x	Floor Tile only	700 SF	x			
Exterior Siding			x	Exterior Siding	1200 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		Disposal Date 11/12/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 10/17/19

Inv # 15416
OK 12222 PAID

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

Check # 12222

Date of Notification (1) 10 / 18 / 19		Name of Building Owner/Operator (2) Eli Lilly and Company		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Imclone		
		City, State, Zip Code Branchburg, NJ 08876		
		Name of Contact		
Telephone Number				

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BUILDING BB1181 - (Eli Lilly & Company)		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 1181 Route 202 North		Square Feet	# of Floors
City (5) Branchburg, NJ 07836		Bldg. Age 50+	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 10 / 8 / 19	Scheduled Completion Date (11) 11 / 22 / 19	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

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

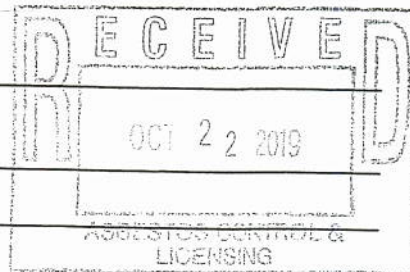
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Roof (Original Notice)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paint Roof Coating	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Roof (Amendment #1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paint Roof Coating	2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Republic	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga
City, State Telford, PA	Disposal Date	City, State Morgantown, PA 19543	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 10-18-2019

INV# 15388

CK 44424 PAID

State of New Jersey

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

Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) Cooper University Hospital	
Month/Day/Year		Street Address One Cooper Plaza	
Agency Notified	Type Notification	City, State, Zip Code Camden NJ 08103	
X EPA	X Initial	Name of Contact Mark Elberfeld	
X DEP	Notification	Telephone Number 215-271-1449	
DCA	Amended		
X DOH	Notification		
	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) X Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address One Cooper Plaza			Square Feet 50,000		
City (5) Camden			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 4
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs			ASCM No.	Bldg. Age 60	
Street Address 3370 Progress Drive			Current Use (Prior if being demolished) Hospital		
City, State, Zip Code Bensalem, PA 19020			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Project Manager of Monitoring Firm Mike Panpresso			Telephone Number 215-244-1300		Licence Number 1103
Scheduled Start Date (10) 10/28/19		Sched. Completion Date (11) 11/30/19		Name of OSHA Monitor Criterion Labs	
Month/Day/Year		Month/Day/Year		Street Address 3370 Progress Dr	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30AM					
City, State, Zip Code Bensalem, PA 19020					

Scope of work (Check all that apply)

- Demolition ☐ Renovation ☒ Full Containment with Negative Pressure
 >3 sf or >3 if Mini - Enclosure
 X >160 sf or >260 lf 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Pharmacy 2nd floor		X		mastic	1458sf	X			

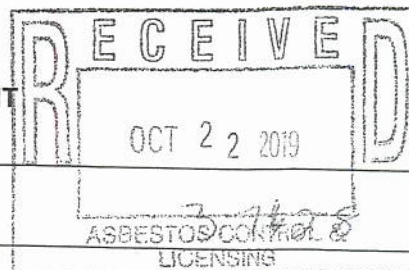
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As req.		City, State Morrisville PA	
Completed By (Print or Type) Jack Tomasura		Title Project Manager	Signature 		Date 10/18/19

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G4667

Inv#15389 PAID
CK37628

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



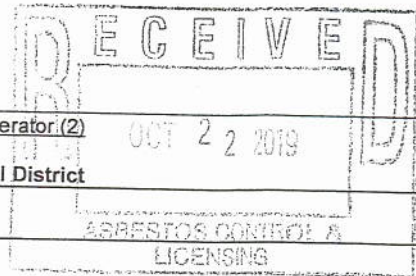
Date of Notification (1) 10 / 18 / 19		Name of Building Owner/Operator (2) Walters Residential		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <div style="background-color: black; width: 100px; height: 15px;"></div>			
		City, State, Zip Code Barnegat, NJ 08005				Name of Contact Victor			
				Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Surf City				Square Feet 1600	# 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 / 19		Scheduled Completion Date (11) 10 / 30 / 19		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1600 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 10/30/19	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/18/19			

RECEIVED
OCT 22 2019
27124
ASBESTOS CONTROL &
LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 17 / 19</div>		Name of Building Owner/Operator (2) K C Homes		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2-7-19 ASBESTOS CONTROL & LICENSING </div>							
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 3620 Route 35 N City, State, Zip Code Normandy Beach, NJ 08739 Name of Contact Sean Frew Telephone Number 908-812-2443							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residence Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div> City (5) Lavallette County (6) Ocean			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.) Square Feet 800 # of Floors 1 Bldg. Age 65 Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) <div style="text-align: center;">10 / 28 / 19</div> Scheduled Completion Date (11) <div style="text-align: center;">10 / 29 / 19</div>		Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 732-349-9932 License No. 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854									
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											
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 type="checkbox"/> Renovation <input checked="" 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) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) asbestos siding		Amount (Specify SF or LF) 800 sf		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
exterior		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey			NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola			Title Project Manager		Signature 		Date <div style="text-align: center;">10/17/19</div>				

Inv# 15338
OK 29675
PAID

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) Hamilton Township School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 90 Park Avenue		City, State, Zip Code Hamilton, NJ 08690	
Name of Contact Susan Lombardo Board President		Telephone Number (609) 631 - 4100 ext 5073	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hamilton High School West		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Current Use (prior if being demolished): High School Grades 9-12	
Street Address 2720 South Clinton Avenue			
City (5) Hamilton	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
City		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		City, State, Zip Code Stockton, NJ 08559	
Telephone Number		Telephone Number P (732)926-0900 x102	
License Number 01237			
Scheduled Start Date (10) 10/28/19		Scheduled Completion Date (11) 12/5/19	
Name of OSHA Monitor IAQ GURU LLC			
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 M-F 3-11 PM		Street Address 4 Beaverbrook Road Suite 130	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Exterior window caulk	2800 lf
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Transite Panels adjacent to wooden window systems.	250 SF
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 10/18/19

Inv# 15392
CK 7879 PAID

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

CIL 7879

Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) MS. EVELYN PARHAM				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code ORANGE, NJ, 07051			
		Name of Contact MS. PARHAM	Telephone Number [REDACTED]			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS EVELYN PARHAM		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) ORANGE	Square Feet 1800	# of Floors 2	Bldg. Age 1950			
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 10/30/19	Scheduled Completion Date (11) 10/31/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		✓ THERMAL SYSTEM INSULATION	40 LF	✓		
BASEMENT		✓ THERMAL SURFACING	38 SF	✓		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 cys	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 10/31/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 10/17/19			

ASB-41

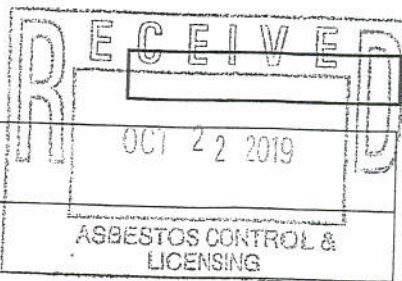
* Do not use this form for asbestos licensure exempted activities.

Inv# 15393

Check#3465

PAID

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



Date of Notification (1) 10 / 18 / 19		Name of Building Owner/Operator (2) Ed Bednarski							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Short Hills, NJ 07078							
Name of Contact Ed Bednarski		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Short Hills, NJ 07078		County (6) Essex							
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC							
Street Address [REDACTED]		Street Address 576 Valley Rd #283							
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. License No. 973-356-3511 01127							
Start Date (10) 10 / 29 / 19		Scheduled Completion Date (11) 10 / 30 / 19							
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 Envirovision Consultants, Inc							
Street Address 20-21 Wagaraw Road, Bldg. # 35E		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 type="checkbox"/> ≥ 160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 10/18/19			

ASB-41

MAY 11

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

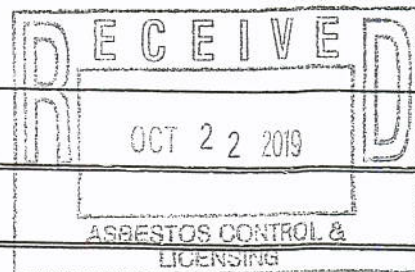
Inv# 15334

State of NJ

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

Proj. #: 19-217

PAID



Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Betsy McGee	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code fair lawn, nj 07410	
Name of Contact Betsy McGee		Telephone Number [REDACTED]	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,000 SF		
City (5) fair lawn, nj 07410			County (6) Bergen		# of Floors 03
County Code (7) (State use only)			Bldg. Age 60		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address [REDACTED]			Street Address 309 W. End Ave		
City, State, Zip Code [REDACTED]			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 833-455-6629		License Number 02007
Start Date (10) 10/18/19			Sched. Completion Date (11) 10/21/19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor KLOMAX, LLC					
Street Address 309 W. End Ave					
City, State, Zip Code Hopatcong, NJ 07843					

Scope of Work (check all that apply)

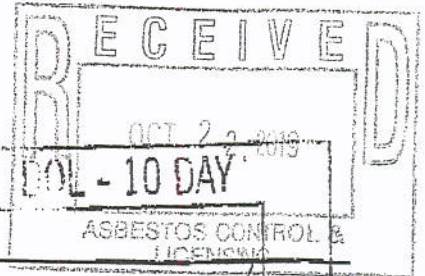
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 10/17/19

Proj. #: 19-217

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



Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Betsy McGee	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code fair lawn, nj 07410	
Name of Contact Betsy McGee		Telephone Number [REDACTED]	

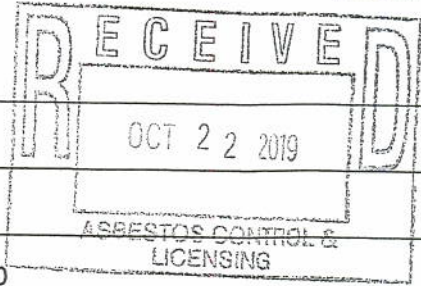
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential Street Address [REDACTED] City (5) fair lawn, nj 07410 County (6) Bergen County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet 1,000 SF # of Floors 03 Bldg. Age 60 Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address [REDACTED] City, State, Zip Code		ASCM No. [REDACTED]		Name of Abatement Contractor (9) KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Telephone Number 833-453-6629 License Number 02007 Name of OSHA Monitor KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm [REDACTED] Phone Number [REDACTED]		Start Date (10) 10/18/19		Sched. Completion Date (11) 10/21/19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 2 sf or ≥ 2 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				Full Containment w/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)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Basement		X		Pipe Insulation	33 LF	X			
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 1 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY			
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by (Print or Type) Paige Boylan		Title Owner		Signature [Signature]		Date 10/17/19			

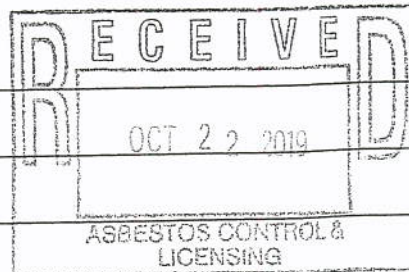
Inv# 15394
CK7650 PAID

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



Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) Jerry Jorgenson Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 22 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May Court House NJ 08210 Name of Contact Jerry Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jerry Jorgenson 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) Cape May Court House NJ 08210			Square Feet 1000+	# of Floors 2	Bldg. Age 50+				
County (6) Cape May		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 West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same					
Start Date (10) 10/29/19		Scheduled Completion Date (11) 11/12/19		Street Address					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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 Siding			X	Exterior Siding	2000 SF	X			
						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				Disposal Date 11/12/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 10/18/19			

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



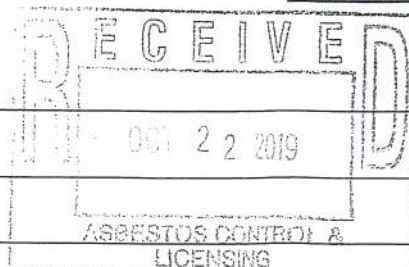
Inv# 15001
 CK 0304 PAID

Date of Notification (1) 10/4/2019 check #0304		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 FAIR HILL RD City, State, Zip Code CLIFTON NJ 07012 Name of Contact DAVID Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address 29 FAIR HILL RD City (5) CLIFTON NJ 07012 County (6) BERGEN County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) EMPTY								
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		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.) Square Feet 50X100 # of Floors 1FL Bldg. Age 50+ Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407 Telephone No. 201 873 9418 License No. 01301							
Start Date (10) 10/4/2019 Scheduled Completion Date (11) 10/4/2019 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: 4:30 TODAY TOMORROW 7:00 AM		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407							
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 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) 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) 2 CYARDS	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
OUT SIDE SIDING			X	TRANSITE SIDING		X			
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA 18072		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB Disposal Date TDB	Name of Registered Landfill GRAND CENTRAL City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 		Date 10/4/2019				

Inv# 15345
CK 24483

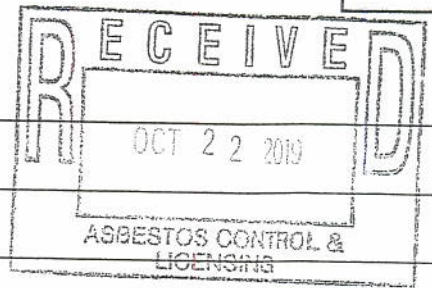
PAID

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



Date of Notification (1) 10/17/2019		Name of Building Owner/Operator (2) BOROUGH OF NEW MILFORD							
Agencies Notified	Type Notification	Street Address 930 RIVER ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW MILFORD, NJ 07646							
		Name of Contact VINCE CAHILL	Telephone Number 201-967-5044						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NEW MILFORD MUNICIPAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 930 RIVER ROAD		Square Feet	# of Floors						
City (5) NEW MILFORD		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RJB ENVIRONMENTAL, INC.		ASCM No. 00149	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 615 PROSPECT AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MORRIVILLE, NJ 19067		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm RICHARD J. BEACH		Telephone No. 267-991-8212	License No. 00494						
Start Date (10) 10/28/2019	Scheduled Completion Date (11) 11/1/2019	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: 7AM - 3:30 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
ROOMS 101, 102, 103		X		TILE & MASTIC	1,377 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 11/1/2019	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 10/17/2019			

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



Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) 75 Jersey City, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>03</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 855 Lexington Avenue						
			City, State, Zip Code New York, NY 11065						
		Name of Contact Mr. Eric Albanese	Telephone Number 973-300-0069						
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]									
City (5) Jersey City		Square Feet 20,000 +	# of Floors 6 +						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.							
City, State, Zip Code		Street Address 1141 Route 23							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 04/08/19	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 301			X	Floor Tile & Mastic	3,200 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Penn Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 10/17/19		