

8/25/17

PAID

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

B & G proj. #: 2017-146

Check # 8654

Date of Notification (1)
10/12/17

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

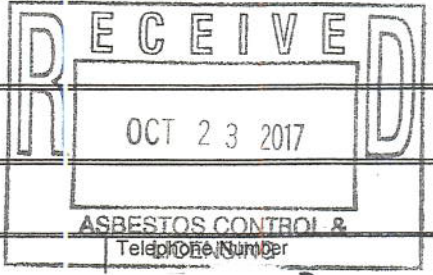
Type Notification
 Initial
 Amendment
 Cancellation

Name of Building Owner/Operator (2)
Stephen & Maria Tolep

Street Address
[REDACTED]

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Stephen & Maria Tolep



FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Stephen & Maria Tolep

Street Address
[REDACTED]

City (5) County (6) County Code (7)
Fair Lawn, NJ 07410 Essex (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

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

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Project Manager for Monitoring Firm Phone Number

ASCM No.
n/a

Name of Abatement Contractor (9)
B & G Restoration Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number License Number
(973)696-6869 00378

Scheduled Start Date (10) Sched. Completion Date (11)
11/01/2017 11/02/2017

Name of OSHA Monitor
B & G Restoration Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe:
 Other-Describe:

Scope of Work (check all that apply)
 Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ground floor family room			X	VAT & mastic	200 sf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
4

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
11/02/2017

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

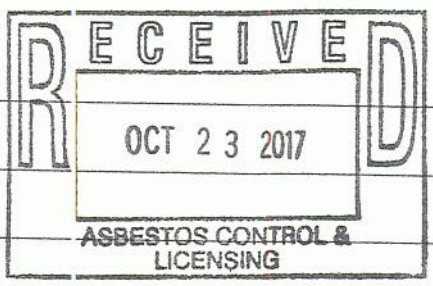
Title
Secretary/Treasurer

Signature
Gordana Luna

Date
10/20/2017

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

PAID



JK H24U

Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) Summit Oaks Hospital	
Agencies Notified	Type Notification	Street Address 19 Prospect Street	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Summit, NJ 07902	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Kris Dahl	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Summit Oaks Hospital		Type of Facility (4)	
Street Address 19 Prospect 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) Summit	Square Feet 45,000	# of Floors 3	Bldg. Age 50+
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	

Name of Monitoring Firm Hired by Building Owner (8) S & S Environmental Sciences, Inc.		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.	
Street Address 98 Sand Park Road		Street Address 265 Route 46 Suite 3D		
City, State, Zip Code Cedar Grove, NJ 07009		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm Prakash Khaitan		Telephone No. 973 857 7188	Telephone No. 973 256 7010	License No. 00666

Start Date (10) 11/04/17	Scheduled Completion Date (11) 11/05/17	Name of OSHA Monitor Bako Construction & Restoration, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 265 Route 46 Suite 3D		
<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 Sat.5pm-1am Sun.9am-1pm</u>		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
--	---	--	-------------------------------------	--	--	--	---

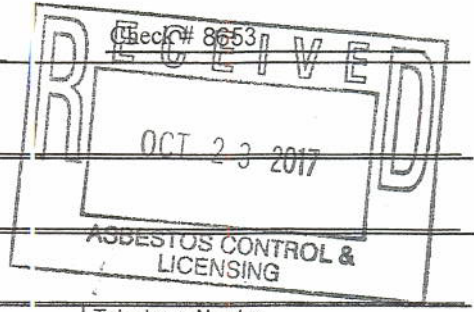
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room MU-4	X			TSI Fittings	35 LF	X			

Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Goran Kojic	Title Project Manager	Signature: 		Date 10/18/17	

8653 Cbk

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

B & G proj. #: 2017-144 **PAID**



Date of Notification (1) 10/12/17

Name of Building Owner/Operator (2) Joan Ferrary

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amendment, Cancellation

Street Address: [REDACTED]

City, State, Zip Code: Woodland Park, NJ 07424

Name of Contact: Joan Ferrary

Telephone Number: _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Joan Ferrary

Street Address: [REDACTED]

City (5) Woodland Park, NJ 07424 County (6) Passaic County Code (7) (State use only) _____

Type of Facility (4): School (K - 12), Subchapter 8 (Other than K-12), Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet _____ # of Floors _____ Bldg. Age _____

Current Use (Prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8) _____ ASCM No. n/a

Street Address _____ City, State, Zip Code _____

Name of Abatement Contractor (9) B & G Restoration, Inc.

Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035

Telephone Number (973)696-6869 License Number 00378

Project Manager for Monitoring Firm _____ Phone Number _____

Scheduled Start Date (10) 10/31/2017 Sched. Completion Date (11) 11/01/2017

Name of OSHA Monitor B & G Restoration, Inc.

Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one): Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply): Demolition, Renovation, Full Containment w/negative pressure, Glovebag procedure, >3 sf or >3 lf, ≥160 sf or ≥260 lf, Mini-enclosure, Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	132 lf	X			

Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 Cubic Yards of Waste 2 Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ Disposal Date 11/01/2017 City, State Tullytown, PA

Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Signature Gordana Luna Date 10/20/2017

OK
9/25/17

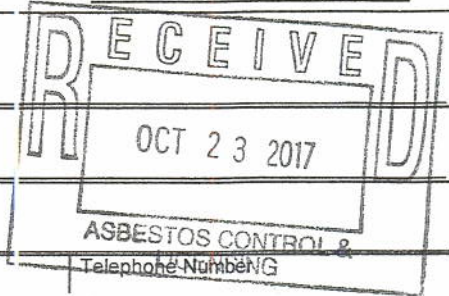
PAID

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

*** NON Sub 8 ***

B & G proj. #: 2017-148

Check # 8652



Date of Notification (1) <u>10/10/17</u>		Name of Building Owner/Operator (2) Atlantic Health System	
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 100 Madison Avenue	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Michaëlle DiGangi	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 97 West Parkway			Square Feet	# of Floors	Bldg. Age
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road		Street Address 105 Ryerson Road			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns	Phone Number 732-676-4000	Telephone Number (973)696-6869	License Number 00378		

Scheduled Start Date (10) 10/30/2017	Sched. Completion Date (11) 10/31/2017	Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>work shift 4:00pm - 12:30am</u>		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 w/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-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Blood Bank			<input checked="" type="checkbox"/>	pipe fittings	14 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Bank			<input checked="" type="checkbox"/>	ACM sheetrock soffit	10 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ	Disposal Date 10/31/2017	City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/20/2017		

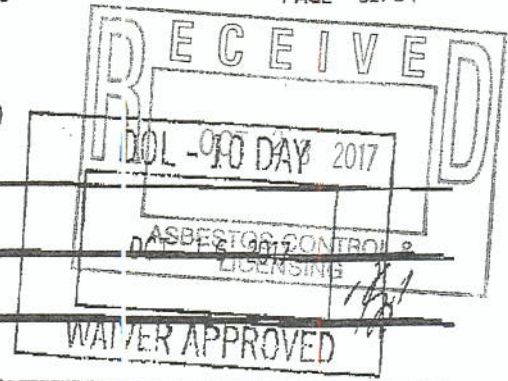
10/16/2017 11:20AM 9733458060

D&S RESTORATIO

PAGE 02/04

D&S Proj. #: 17-287

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



Date of Notification (1) 10/16/17		Name of Building Owner/Operator (2) rob rust-project manager	
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 #:	Street Address 155 wildwood avenue	City, State, Zip Code montclair, nj 07042
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact rob rust-project manager	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) residential 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 (Private/Commercial Bldgs./Homes, etc.)
Street Address 155 wildwood avenue			Square Feet # of Floors Bldg. Age
City (6) montclair	County (8) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (5) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-345-8020 License Number 01169

Start Date (10) 10/17/17	Sched. Completion Date (11) 10/31/17	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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"/> ≥3 sf or ≥2 lf <input type="checkbox"/> ≥180 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input 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	E	E
	Yes	No	N/A						
1ST FLOOR 6 locations		X		duct insulation	40 sq ft	X			
3rd floor 2 loc. driveway side		X		duct insulation	16 sq ft	X			
3rd floor 3 loc. in-front		X		duct insulation	18 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/18/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/16/172017

ASB 41

* Do not use this form for asbestos lead-paint exempt activities

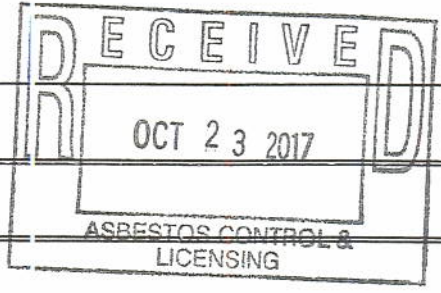
CE
7/152

PAID

State of NJ

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

D&S Proj. #: 17-287



Date of Notification (1) 10/16/17		Name of Building Owner/Operator (2) rob rust-project manager	
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 155 wildwood avenue	
		City, State, Zip Code montclair, nj 07042	
		Name of Contact rob rust-project manager	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) residential 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 155 wildwood avenue			Square Feet	# of Floors	Bldg. Age
City (5) montclair	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 10/17/17	Sched. Completion Date (11) 10/31/17		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

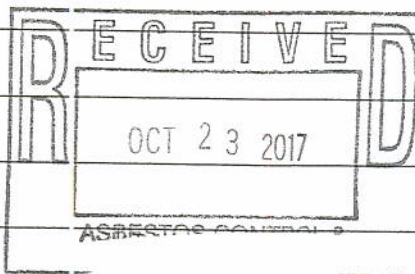
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1ST FLOOR 6 locations		X		duct insulation	40 sq ft	X			
3rd floor 2 loc. driveway side		X		duct insulation	16 sq ft	X			
3rd floor 3 loc. in-front		X		duct insulation	18 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/18/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/16/172017

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

ckc
013994

PAID



Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) PSEG	
Agencies Notified	Type Notification	Street Address 4000 Hadley Road	
<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 South Plainfield, NJ 07086	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dawn Neville	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Garfield Place Substation		Type of Facility (4)		
Street Address 99 Garfield Place		<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) South Hackensack, NJ 07606		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (If prior if being demolished) Substation		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.	
Street Address N/A		Street Address 17 Old Dock Road		
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980		
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136
Start Date (10) 10-16-2017	Scheduled Completion Date (11) 12-31-2017	Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check Only One)		Street Address Same as above		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work performed in electrical circuit cabinet</u>		City, State, Zip Code Same as above		

Scope of Work (Check All That Apply)

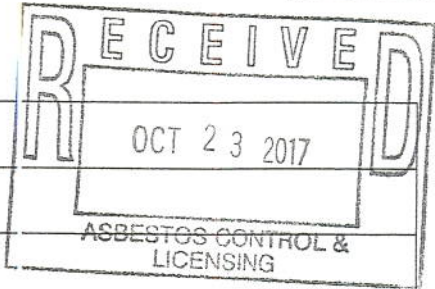
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Switching yard			X	Transite duct bank	16 LF	X			
Control house			X	Yellow Stucco	768 SF	X			
Control house			X	Transite Panels	90 SF	X			
Control house			X	Caulk	15 LF	X			

Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill GROV/S Landfill North	
City, State Newark, NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067	
Completed by Amanda Vallone		Title Admin Ops Manager	Signature <i>Amanda Vallone</i>	Date 10/17/17	

MO
CHK

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



Date of Notification (1)		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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	
		City, State, Zip Code	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5)		Square Feet	# of Floors
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address		
City, State, Zip Code		City, State, Zip Code		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by	Title	Signature		Date	
		<i>Amanda [Signature]</i>		10-17-17	

Handwritten initials: No, Chl

EDS17-257

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

Page 1 of 1

Check # 2863



Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Emerson Board of Education						
Agencies Notified	Type Notification	Street Address 133 Main Street						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Emerson, NJ 07630						
		Name of Contact Christopher McQuade						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Emerson Junior-Senior High School		Type of Facility (4)						
Street Address 131 Main Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Emerson	Square Feet 40,000 +	# of Floors 2	Bldg. Age 40+					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc					
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke						
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403						
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 810-431-7545	Telephone No. (201)710-9725					
License No. 01084		Name of OSHA Monitor GL Group, Inc						
Start Date (10) 10/13/17 at 3.30 pm	Scheduled Completion Date (11) 10/16/17	Street Address 140 Hamburg Tpke						
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Bloomington, NJ 07403						
<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: Building is occupied								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 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-Frable 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
Shower Room		X	pipe insulation	1 LF	X			
Shower Room		X	pipe insulation (Wrap & Cut)	2 LF				
Name of Registered Waste Hauler GL Group, Inc		NJDEF Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Bloomington, NJ		Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 10/12/17			

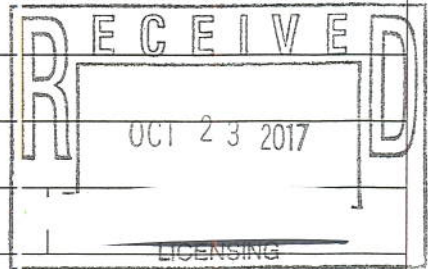
EDS17-257

PAID

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

Page 1 of 1

Check # 2863



Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Emerson Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 133 Main Street	
		City, State, Zip Code Emerson, NJ 07630	
		Name of Contact Christopher McQuade	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Emerson Junior-Senior High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 131 Main Street			Square Feet 40,000 +	# of Floors 2	Bldg. Age 40+
City (5) Emerson		County (6) Bergen		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc		
Street Address 307 North Walnut Street			Street Address 140 Hamburg Tpke		
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Bloomingdale, NJ 07403		
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725	License No. 01084	
Start Date (10) 10/13/17 at 3.30 pm		Scheduled Completion Date (11) 10/16/17		Name of OSHA Monitor GL Group, 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>Building is occupied</u>			Street Address 140 Hamburg Tpke		
			City, State, Zip Code Bloomingdale, NJ 07403		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
Shower Room		X		pipe insulation	6 LF	X			
Shower Room		X		pipe insulation (Wrap & Cut)	2 LF				

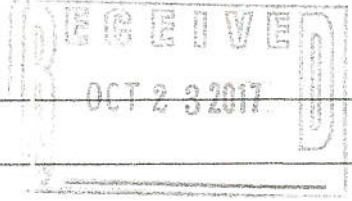
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva	
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 10/12/17

Paid.

Print Form

OK # 4841

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

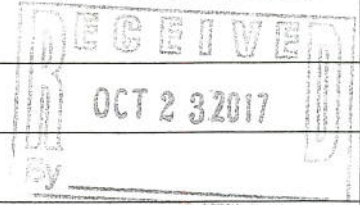


Date of Notification (1) 10/18/2017		Name of Building Owner/Operator (2) J.J Operating Inc.								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 112 W.34th Street City, State, Zip Code New York, NY 10120 Name of Contact Jack Jamal							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Market Halsey Bldg.-Future Seven Eleven Store Street Address 165 Halsey Street City (5) Newark		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 3000SF # of Floors 12 Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) store/office bldg								
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc							
Street Address 401 St. James Avenue City, State, Zip Code Phillipsburg, NJ 08865		Street Address 265 A Rt. 46 Suite 3D City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-434-6316	Telephone No. 973-256-7010 License No. 0666							
Start Date (10) 10/27/2017	Scheduled Completion Date (11) 10/30/2017	Name of OSHA Moni or Bako Construction & Restoration, Inc								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: store is unoccupied work hours 3pm-11.30pm,		Street Address 265 A Rt. 46 Suite 3D City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	
Seven Eleven store main level		X		Ceiling plaster	32 SF	X				
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Totowa, NJ		Disposal Date 10/30/2017		City, State Tullytown, PA						
Completed by Damir Valjevac		Title Project Manager		Signature 				Date 10/18/2017		

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

*chk # 3281
Paid.*

Date of Notification (1) <u>10</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) E.I. duPont de Nemours	
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 250 Cheesequake Road	
		City, State, Zip Code Parlin, NJ 08859	
		Name of Contact Nichol Reinhold	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425		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 250 Cheesequake Road		Square Feet	# of Floors
City (5) Parlin		Bldg. Age	
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL., INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>11</u> / <u>6</u> / <u>17</u>	Scheduled Completion Date (11) <u>11</u> / <u>7</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL., INC.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM /____PM-____AM		Street Address 1123 BEAVER STREET		
		City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

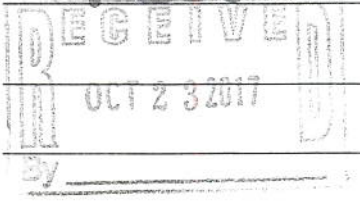
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
Exterior of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	42 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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 11/7/17	City, State Morrisville, PA 19067		
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>		Date 10-19-17	

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

*chk # 3821
Paid.*

Date of Notification (1) <u>10</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) E.I. duPont de Nemours									
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 250 Cheesequake Road		City, State, Zip Code Parlin, NJ 08859	
								Name of Contact Nichol Reinhold		Telephone Number _____	
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 2004				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 250 Cheesequake Road				Square Feet		# of Floors	Bldg. Age				
City (5) Parlin		County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Pr or if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC			ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane			City, State, Zip Code Burlington, NJ 08016	Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040		License No. 00509					
Start Date (10) <u>11</u> / <u>7</u> / <u>17</u>		Scheduled Completion Date (11) <u>11</u> / <u>8</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) 100 SF		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
Exterior of Building		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		ACM paint debris		<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 Bristol Environmental Inc.			NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA			Disposal Date 11/8/17		City, State Morrisville, PA 19067						
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>			Date 10-19-17				

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

Paid.

RECEIVED
OCT 23 2017
By _____

OK # 2072

Date of Notification (1) 10 / 18 / 17		Name of Building Owner/Operator (2) [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamburg Turnpike, Suite 300	
		City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Louis March, Sr.	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Wayne		Bldg. Age	
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 10 / 19 / 17	Scheduled Completion Date (11) 10 / 31 / 17	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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

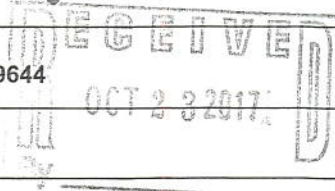
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Room West	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Bethlehem, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 10/19/17	

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

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

Paid.



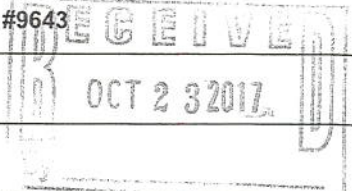
CK # 9644

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check: #9644							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza							
		City, State, Zip Code Folsom, NJ 08037							
		Name of Contact Caitlin Bast	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Glassboro, NJ		Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 11 / 20 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor EMSL 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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
Under Capping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	125 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/30/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 				Date 10/19/17			

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

OC # 9643

Paid.



Date of Notification (1) <u>10</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9643	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza	
		City, State, Zip Code Folsom, NJ 08037	
		Name of Contact Caitlin Bast	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Glassboro, NJ		# of Floors	Bldg. Age
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Pr or if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>11</u> / <u>20</u> / <u>17</u>	Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor EMSL 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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

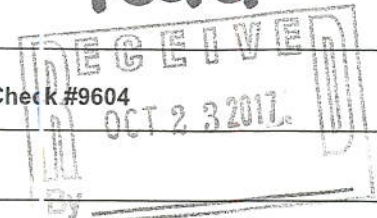
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	150 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 11/30/17	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>Gjmt</i>		Date 10/19/17

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

Paid



CK # 9604

Date of Notification (1) <u>10</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9604	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza	
		City, State, Zip Code Folsom, NJ 08037	
		Name of Contact Caitlin Bast	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Glassboro, NJ		Bldg. Age	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>11</u> / <u>1</u> / <u>17</u>	Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor EMSL 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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

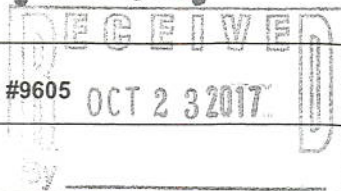
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal-systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Den	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 11/30/17	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 10/19/17

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

OK# 91605

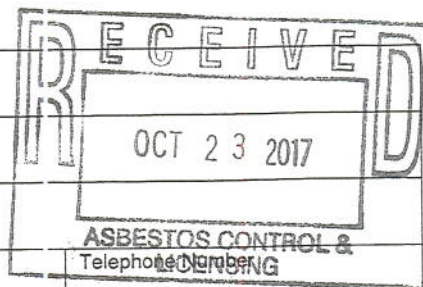
Paid



Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9605							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza							
		City, State, Zip Code Folsom, NJ 08037							
		Name of Contact Caitlin Bast	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Glassboro, NJ		Bldg. Age							
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 3 / 17	Name of OSHA Monitor EMSL 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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,500 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/3/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>			Date 10/19/17				

PAID

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



1294

Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) Abdul Hamdan	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Paterson, NJ 07501		Name of Contact
	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Bldg		Type of Facility (4) <input type="checkbox"/> School (K-2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 20-22 Genesse Ave		Square Feet 2500	# of Floors 1	Bldg. Age 50+
City (5) Paterson		Current Use (Prior if being demolished) Commercial Bldg		
County (6) Passaic	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Harmony Contracting Inc		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Street Address 360 Palisade Ave	
Street Address n/a		City, State, Zip Code Garfield, NJ 07023		
City, State, Zip Code n/a		Telephone No. n/a	Telephone No. 973460.6026	License No. 01255
Project Manager for Monitoring Firm n/a		Name of OSHA Monitor Harmony Contracting Inc		
Start Date (10) 10/27/17	Scheduled Completion Date (11) 11/15/17	Street Address 360 Palisade Ave		
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: Scheduled for Demo		City, State, Zip Code Garfield, NJ 07023		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing Material	2,500 SF	x			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 10/18/17

PAID

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

ck # 0631
RECEIVED
 OCT 23 2017
 ASBESTOS CONTROL & LICENSING

ck 0631

Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) Paul Wiebel	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Milford, PA	
		Name of Contact	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)		
Street Address 1 Wiebel Plaza		<input type="checkbox"/> School (K-12)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Sussex		Square Feet 10,000	# of Floors 2	Bldg. Age 50+
County (6) Sussex	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) Harmony Contracting Inc	
Street Address n/a		Street Address 360 Palisade Ave		
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026	License No. 01255
Start Date (10) 10/27/17	Scheduled Completion Date (11) 11/20/17	Name of OSHA Monitor Harmony Contracting Inc		
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Garfield, NJ 07026		
<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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

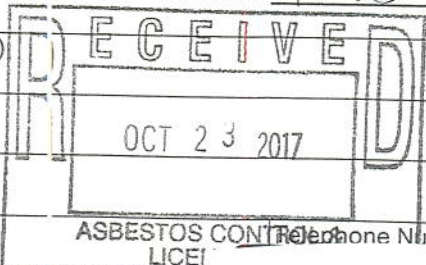
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Roof				Roof Flashing	600 SF	x			
Interior Office Area				VAT	5,000 SF	x			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GRCWS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino	Title Secretary	Signature <i>Tina Caporino</i>		Date 10/18/17	

PAID

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

CHECK # 1195

Date of Notification (1) 10-17-17		Name of Building Owner / Operator (2) Environmental Liability Transfer		
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		Street Address 1650 Des Peres Road, Suite 306		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		City, State & Zip Code St. Louis, Missouri 63131		
		Name of Contact Adam Peetz		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building #8, Perth Amboy 1160, LLC.			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 1160 State Street			Square Feet NA	# of Floors NA	Bldg. Age NA
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA	Current Use (Prior if being demolished) Vacant/None		

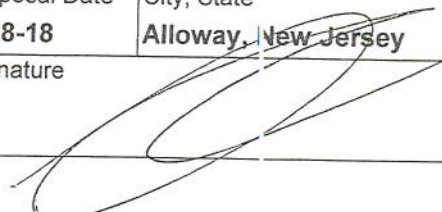
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
Street Address		Street Address 874 Piney Hollow Road, PO Box 70			
City, State & Zip Code		City, State & Zip Code Winslow, NJ 08095			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-567-0600	License Number 01263	

Scheduled Start Date (10) 10-27-17	Scheduled Completion Date (11) 2-28-18	Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 Route 130 North			
		City, State & Zip Code Cinnaminson NJ 08077			

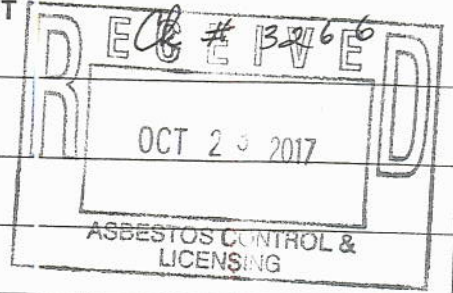
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof (Upper & Lower Levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Material	35,000 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Panels	15,000 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 in. Pipe Insulation & Elbows	500 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 60	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 2-28-18		City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 10-27-17

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



Date of Notification (1) <u>9</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <u>6466</u> <input checked="" type="checkbox"/> DOLWD <u>6459</u> <input checked="" type="checkbox"/> DOH <u>6435</u> <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 133 Prospect Street	
		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Passaic Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 133 Prospect Street		Square Feet 88,125	# of Floors 6
City (5) Passaic		Bldg. Age +50	
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>10</u> / <u>4</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>17</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- _____PM/ 5:00PM-2:00AM		Street Address 1123 BEAVER STREET		
		City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" 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) (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 Plant "C" Storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Vat and Mastic	170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor AC Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th Floor Near Room Entrance Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storeroom / Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH		

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jll</i>	Date 9/19/17
--	---------------------------	---	------------------------

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

No
Chk

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

Date of Notification (1) <u>9</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 23 2017 <small>ASBESTOS CONTROL</small> </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 checked="" type="checkbox"/> Amended Amendment # <u>1-10/18/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						Street Address 133 Prospect Street		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact Alex Baylor									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Verizon Passaic Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 133 Prospect Street				City (5) Passaic		Square Feet 88,125	# of Floors 6	Bldg. Age +50			
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (1) (prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address 8346 Enterprise Ave			Street Address 1123 BEAVER STREET								
City, State, Zip Code Philadelphia, PA, 19153			City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040		License No. 00509						
Start Date (10) <u>10</u> / <u>4</u> / <u>17</u>		Scheduled Completion Date (11) <u>10</u> / <u>19</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> PM- <u>2:00</u> AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 Plant "C" Storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Vat and Mastic	170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 rd Floor AC Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4 th Floor Near Room Entrance Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basement Storeroom / Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL							
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH							
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro/gm</i>		Date 10-18-17					

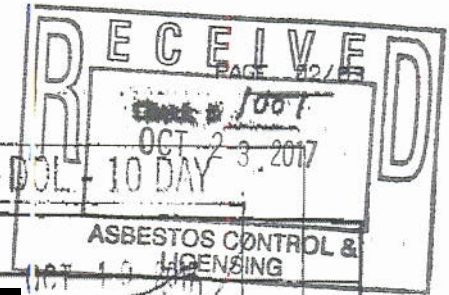
ASB-41
JAN 13 **BS17074**

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

10/19/2017 10:52 2012520621

AMAC

PAID



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:13)

Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) BRENDA THOMAS		ASBESTOS CONTROL & LICENSING							
Agency Notified	Type Notification	Street Address		City, State, Zip Code							
<input checked="" type="checkbox"/> EPA DEP DOL <input checked="" type="checkbox"/> DOH DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Assessed <input checked="" type="checkbox"/> Reassessment @ Emergency (including incidents) <input type="checkbox"/> Cancellation	[REDACTED]		EDGEWOOD, NJ 07030							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact BRENDA THOMAS		Telephone Number							
Street Address		Type of Facility (4)		Square Feet							
[REDACTED]		<input checked="" type="checkbox"/> Single (1-12) <input type="checkbox"/> Multi-unit (13) <input type="checkbox"/> Other (e.g. public & commercial buildings, homes, etc.)		8350							
City (5) TEANECK		County Code (7) BUEN		Floor Plans							
County (6) BUENON		Current Use (Prior to being demolished) RESIDENCE		2							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Center for (9)							
Street Address		Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code		185 Vreeland Ave							
Project Manager for Monitoring Firm		Telephone No.		Telephone No.							
[REDACTED]		[REDACTED]		(201)262-5841							
Start Date (10) 10/19/17		Scheduled Completion Date (11) 10/28/17		License No. 00155							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Abandoned During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Omega Environmental Services Inc.		Omega Environmental Services Inc.							
Scope of Work (Check All That Apply)		Street Address		City, State, Zip Code							
<input checked="" type="checkbox"/> ≥ 60 sf or ≥ 20 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 200 lf		280 Hazler Street		Hackensack, NJ 07601							
<input checked="" type="checkbox"/> Renovation Demolition		City, State, Zip Code		Hackerack, NJ 07601							
Full Containment with Negative Pressure Wet-Enclosure Circulating Procedure Non-Contained <input type="checkbox"/> and Non-Flexible Procedure		City, State, Zip Code		Hackerack, NJ 07601							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Contract Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Enclosed	Open	Encapsulation	Removal		
Hallway 1st Fl.			<input checked="" type="checkbox"/>	VAT	9450	<input checked="" type="checkbox"/>					
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		City, State		Disposal Date	
Newark Carting Inc.		04600		1		Grand Central Sanitary Landfill		Newark, NJ 07105		10/18/17 On	
City, State		Title		Signature		Date		City, State		Disposal Date	
Newark, NJ 07105		Vice President		J. Vortaro		10/18/17		Paw PA, PA 03702		10/18/17	

no chik

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

Check 1005

RECEIVED
 OCT 23 2017
 ASBESTOS CONTROL &...

Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) Dagit Group/Action Construction Management, Inc.								
Agencies Notified	Type Notification	Street Address 15 E Uwchlan Avenue, Suite 404								
<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 Exton, PA 19341								
		Name of Contact Kevin								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) McDonald's		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 6048 Harding Highway		Square Feet 4,200	# of Floors 1							
City (5) Mays Landing		Bldg. Age 65								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) fast food restaurant								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No. 973-764-2273	License No. 703							
Start Date (10) 11/2/17	Scheduled Completion Date (11) 12/2/17	Name of OSHA Monitor								
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"/> 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"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Empty (*) 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 insulator, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof			x	roof flashing	780 SF	x				
Roof			x	tar	200 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 			Date 10/19/17				

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

Check 17006

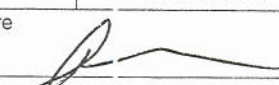
Mo ck
RECEIVED
10/16/17

Date of Notification (10) 10/9/17 & 10/16/17		Name of Building Owner/Operator (2) El Marlboro 79, LLC	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> ASBESTOS CONTROL & PERMITTING	<input checked="" type="checkbox"/> Initial	2465 Kuser Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Hamilton NJ 08690	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Dan Chelchowski	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) El at Marlboro 79		Type of Facility (4)		
Street Address 103 South Main Street		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Marlboro		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Square Feet 2100	# of Floors 1 1/2	Bldg. Age 77
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) fast food restaurant		
ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC		
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No. 973-764-2273	License No. 703	
Start Date (10) 10/20/17	Scheduled Completion Date (11) 11/30/17	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe: _____				
Scope of Work (Check All That Apply)		Street Address		
<input type="checkbox"/> ≥3 sf or ≥3 lf		City, State, Zip Code		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure		
		<input checked="" type="checkbox"/> Glovebag Procedure		
		<input type="checkbox"/> Non-Empty (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	wall panels	120 SF	X			
			X	wall tiles	2,182 SF	X			
			X	duct covering	22 SF	X			
			X	pipe insulation	5 LF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Brdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 10/16/17

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

Check 17005

Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) Dagit Group/Action Construction Management, Inc.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 E Uwchlan Avenue, Suite 404								
		City, State, Zip Code Exton, PA 19341								
		Name of Contact Kevin								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) McDonald's		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 6048 Harding Highway		Square Feet 4,200	# of Floors 1							
City (5) Mays Landing		Bldg. Age 65								
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) fast food restaurant								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, N. 07418								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276							
			License No. 703							
Start Date (10) 11/2/17	Scheduled Completion Date (11) 12/2/17	Name of OSHA Monitor								
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof			x	roof flashing	780 SF	x				
Roof			x	tar	200 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 				Date 10/19/17			

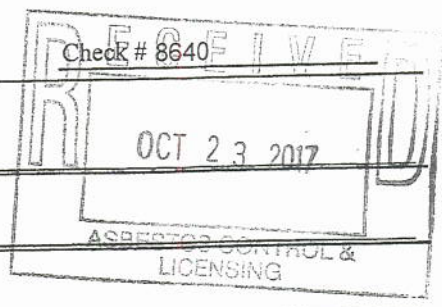


Ms Clark

11/10/18

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

B & G proj. #: 2017-145



Date of Notification (1) 11/10/18/17		Name of Building Owner/Operator (2) John Christoforo	
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 [REDACTED]	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact John Christoforo	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) John Christoforo			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) West Orange, NJ 07052	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoratic n, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 10/19/2017	Sched. Completion Date (11) 10/20/2017	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, N. 07035			

Scope of Work (check all that apply)

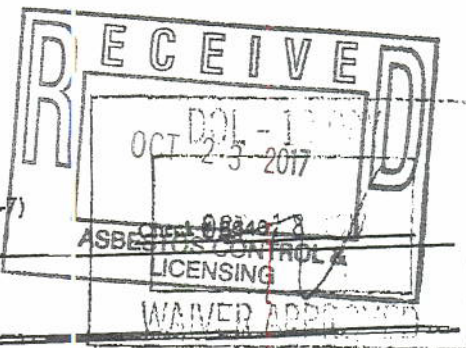
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	80 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 10/20/2017	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/18/2017	

PAID

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:80-7 and 12:120-7)
 *** EMERGENCY ***



B & G proj. #: 2017-145

Date of Notification (1)
10/18/17

Name of Building Owner/Operator (2)
 John Christoforo

Street Address
 [REDACTED]

City, State, Zip Code
 West Orange, NJ 07052

Name of Contact
 John Christoforo

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 John Christoforo

Street Address
 [REDACTED]

City (5)
 West Orange, NJ 07052

County (6)
 Essex

County Code (7)
 (State use only)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
 residential

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

ASCM No.
 n/a

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number
 (973)698-6868

License Number
 00376

Scheduled Start Date (10)
 10/19/2017

Sched. Completion Date (11)
 10/20/2017

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe: _____
 Other- Describe: _____

Scope of Work (check all that apply)

Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 > 2 sf or > 2 lf ≥ 160 sf or ≥ 260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n o l
	Yes	No	N/A						
basement			X	pipe insulation	80 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"/>

Registered Waste Hauler
 B & G Restoration, Inc.

NJDEP Hauler ID#
 19563

Cubic Yards of Waste
 1

Name of Registered Landfill
 Tullytown Resource & Recovery Center

City, State
 Tullytown, PA

Disposal Date
 10/20/2017

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

Signature
Gordana Luna

Date
 10/18/2017

PAID

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



3070

Date of Notification (1)
Oct 18-2017

Check # 3070

Agencies Notified

EPA
 DEP
 DOL

DOH
 DCA

Type Notification

Initial
 Amended
Amendment # _____
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
First Presbyterian Church

Street Address
37 Church Mall

City, State, Zip Code
Springfield, NJ 07081

Name of Contact
Mr. Russel Werner

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
First Presbyterian Church-Basement

Street Address
37 Church Mall

City (5)
Springfield

County (6)
UNION

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

School (K-12)
 Subchapter 3 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
20,000

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Church

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. _____

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
10/28/2017

Scheduled Completion Date (11)
10/30/2017

Name of OSHA Monitor
Same as above

Street Address _____

City, State, Zip Code _____

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Boiler Room		X		Pipe insulation	52 LF	X			

Name of Registered Waste Hauler
Tri-State Transfer Assoc

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste
tbd

Name of Registered Landfill
Minerva Enterprises Inc

City, State
Bronx, NY

Disposal Date
tbd

City, State
Waynesburg, OH

Completed by
Gina Betances

Title
Office Manager

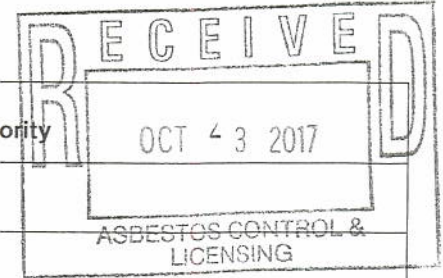
Signature
Gina Betances

Date
10/18/2017

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

PAID

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



ck
2/6/17

Date of Notification (1) <u>10</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St.	
		City, State, Zip Code Trenton, NJ 08625-0991	
		Name of Contact Andrew Oakley	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, e.c.)	
Street Address 1700 Park Blvd.		Square Feet 72000	# of Floors 2
City (5) Camden		Bldg. Age +/- 50	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue		
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153		
Project Manager for Monitoring Firm Gary Fleming	Telephone No. 732-223-2225	Telephone No. 215-365-5810	License No. 001156	

Start Date (10) <u>10</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>	Name of OSHA Monitor USA Environmental Management, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:30</u> PM/ ___ PM-___ AM		Street Address 8436 Enterprise Avenue		
		City, State, Zip Code Philadelphia, PA 19153		

Scope of Work (Check all that apply)

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

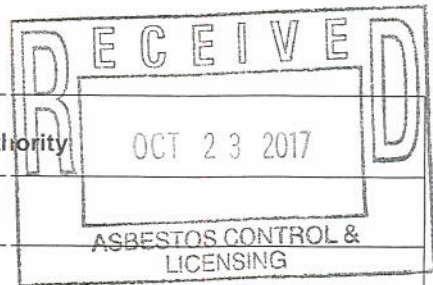
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Annex Building 3 rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Building 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	7,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Building 1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 1/26/18		City, State Minerva, OH	
Completed By (Print or Type) kevin Meldrum	Title Project Manager	Signature 		Date 10-17-17	

ck
2/6/18

PAID

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



Date of Notification (1) <u>10</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St.	
		City, State, Zip Code Trenton, NJ 08625-0991	
		Name of Contact Andrew Oakley	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1700 Park Blvd.		Square Feet 72000	# of Floors 2
City (5) Camden		Bldg. Age +/- 50	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue	
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153	
Project Manager for Monitoring Firm Gary Fleming	Telephone No. 732-223-2225	Telephone No. 215-365-5810	License No. 001156
Start Date (10) <u>10</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>	Name of OSHA Monitor USA Environmental Management, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:30 PM / _____ PM - _____ AM		Street Address 8436 Enterprise Avenue	
		City, State, Zip Code Philadelphia, PA 19153	

Scope of Work (Check all that apply)

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

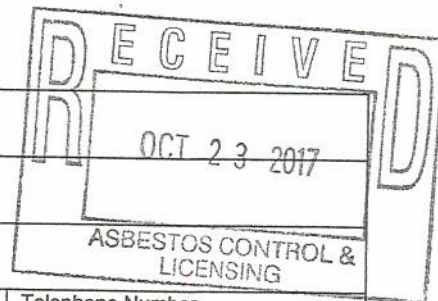
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	1,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	1200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 1/26/18		City, State Minerva OH	
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 		Date 10-17-17	

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

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

PAID



Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) Robert & Loriann Maccarone	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Little Egg Harbor NJ 08087	
		Name of Contact Robert	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert & Loriann Maccarone		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+	
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) 10/30/17	Scheduled Completion Date (11) 11/3/17	Name of OSHA Monitor Same	
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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.'S.
City, State Elm NJ	Disposal Date 11/3/17	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 10/19/17

CK 4349

PAID

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

RECEIVED
 OCT 23 2017

Date of Notification (1) <u>10-18-17</u>		Name of Building Owner/Operator (2) <u>D. K. C. CONTRACTORS</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>661 RT 9</u>							
	City, State, Zip Code <u>CAPE MAY N.J. 08204</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 <u>1500</u>	# of Floors <u>2</u>							
City (5) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>							
Start Date (10) <u>10-28-17</u>	Scheduled Completion Date (11) <u>11-4-17</u>	Name of OSHA Monitor <u>N/A</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: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	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) <u>1500 SF</u>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			<input checked="" type="checkbox"/>	<u>TRANSITE</u>		<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>C. M. C. M. V. A</u>						
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>				Date <u>10-18-17</u>			

CK 4349
PAID

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

RECEIVED
OCT 23 2017
ASBESTOS CONTROL & LICENSING

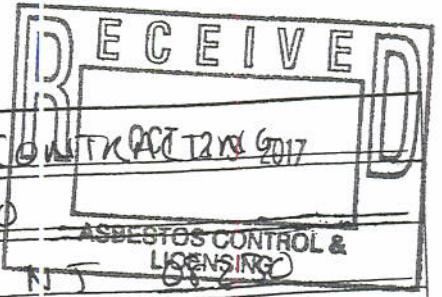
Date of Notification (1) <u>10-18-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type 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>155 RT 50</u>							
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>							
		Name of Contact <u>BRUCE</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 <u>2000</u>	# of Floors <u>2</u>						
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>10-28-17</u>	Scheduled Completion Date (11) <u>11-5-17</u>	Name of OSHA Monitor <u>N/A</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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>S.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLUMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>10-18-17</u>			

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

CK# 4349

PAID

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



Date of Notification (1) 10-18-17

Name of Building Owner/Operator (2) EARTHTECH CONTRACTORS 2017

Street Address 155 RT 50

City, State, Zip Code GREENFIELD NJ 07030

Name of Contact BRUCE

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE

Street Address [REDACTED]

City (5) MARGATE

County (6) ATLANTIC

Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 1500, # of Floors 2, Bldg. Age 50+

Current Use (Prior if being demolished) VACANT

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

ASCM No. _____

Name of Abatement Contractor (9) KLEMCO INC

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE N.J 08052

Telephone No. 856-779-0472, License No. 00444

Project Manager for Monitoring Firm _____ Telephone No. _____

Start Date (10) 10-28-17, Scheduled Completion Date (11) 10-4-17

Name of OSHA Monitor N/A

Street Address _____

City, State, Zip Code _____

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			

Name of Registered Waste Hauler KLEMCO INC

NJDEP Waste Hauler ID No. 17904

Cubic Yards of Waste 3

Name of Registered Landfill ACUA

City, State MAPLE SHADE N.J

Disposal Date _____

City, State PLEASANTVILLE

Completed By MICHAEL KLEMM Title SUP.

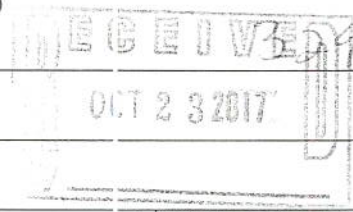
Signature [Signature] Date 10-18-17

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

Paid.

OK # 32919

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) Borough of Oceanport	
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 315 East Main Street	
		City, State, Zip Code Oceanport, NJ 07757	
		Name of Contact William White	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Barracks		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 914 Murphy Drive		Square Feet 4500 sf	# of Floors 2
City (5) Oceanport		Bldg. Age 80	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Barracks	
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 400 Valley Road, Suite 304		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Joseph Torlucci	Telephone No. 973-398-3110	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
1 st & 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	4200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vent insulation	25 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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 12/1/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Date 10/19/17

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

Paid

CIC# 32960

RECEIVED
OCT 23 2017
32922

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) Borough of Oceanport	
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 315 East Main Street	
		City, State, Zip Code Oceanport, NJ 07757	
		Name of Contact William White	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Barracks		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, e.c.)	
Street Address 917 Murphy Drive		Square Feet 4500 sf	# of Floors 2
City (5) Oceanport		Bldg. Age 80	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Barracks	
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 400 Valley Road, Suite 304		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Joseph Torlucci		Telephone No. 973-398-3110	Telephone No. 732-349-9932
			License No. 00624
Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
1 st & 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	4200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite chimney	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vent insulation	25 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F	
City, State Toms River, New Jersey		Disposal Date 12/1/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature		Date 10/19/17	

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

Paid.

CK# 30918

3-29/18
RECEIVED
OCT 23 2017

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) Borough of Oceanport	
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 315 E Main Street	
		City, State, Zip Code Oceanport, NJ 07757	
		Name of Contact William White	
Telephone Number _____			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Borough Hall		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 222 Monmouth Blvd.		Square Feet 10,000 sf	
City (5) Oceanport		# of Floors 1	Bldg. Age 60
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Borough Hall	
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 400 Valley Road, Suite 304		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Joseph Torlucci	Telephone No. 973-398-3110	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile/mastic	5500 sf/2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	roof flashing	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window caulk	30 windows	<input checked="" 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 10	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 12/1/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Femicola	Title Project Manager	Signature 		Date 10/19/17	

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

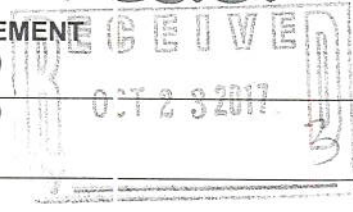
CK# 32920

Paid

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) Borough of Oceanport							
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 315 East Main Street							
		City, State, Zip Code Oceanport, NJ 07757							
		Name of Contact William White	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Barracks		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, e.c.)							
Street Address 915 Murphy Drive		Square Feet 4500 sf	# of Floors 2						
City (5) Oceanport		Bldg. Age 80							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use Prior if being demolished Former Barracks							
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 400 Valley Road, Suite 304		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Joseph Torlucci	Telephone No. 973-398-3110	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1 st & 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	4200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite chimney	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vent insulation	25 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 12/1/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature			Date 10/19/17				

Fluid.

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



OC # 32921

Date of Notification (1) 10 / 19 / 17		Name of Building Owner/Operator (2) Borough of Oceanport	
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 315 East Main Street
			City, State, Zip Code Oceanport, NJ 07757
			Name of Contact Willaim White

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Barracks		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 916 Murphy Drive		Square Feet 4500 sf	# of Floors 2	Bldg. Age 80
City (5) Oceanport	County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Barracks	

Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 400 Valley Road, Suite 304		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm Joseph Torlucci		Telephone No. 973-398-3110	Telephone No. 732-349-9932	License No. 00624

Start Date (10) 10 / 30 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical
---------------------------------	--	---

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854
---	---

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
1 st & 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	4200 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 10	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 12/1/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 10/19/17	

Paid.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

CK# 3264

RECEIVED
OCT 23 2017

Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) Rosenberg Property	
Agencies Notified	Type Notification	Street Address 6 Half Acre Rd	City, State, Zip Code Jamesburg, NJ
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact George	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rosenberg Office		Type of Facility (4)	
Street Address 6 Half Acre Rd		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter S (Other than K-12)
City (5) Jamesburg		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square Feet 2500	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Office	

Name of Abatement Contractor (9) Ace Insulation Co., Inc		Name of OSHA Monitor	
Street Address 95 Montrose Rd		Telephone No. 732 294 1757	
City, State, Zip Code Colts Neck, New Jersey		License No. 00029	
Project Manager for Monitoring Firm:		Telephone No.	

Start Date (10) 10/28/17	Scheduled Completion Date (11) 10/31/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: <u>7am-7pm</u>			

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			X	floor tile w/mats	125 lf	X				

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chris Landfill
City, State Colts Neck, New Jersey		Disposal Date 10/31/17	City, State Easton, PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature <i>Bree McGuire</i>	Date 10/19/17

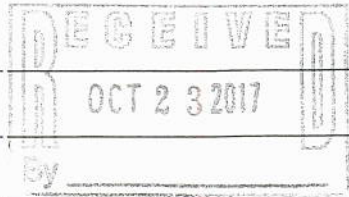
Paid

Print Form

CK# 87889

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

PAL JOB# 17-1620



Date of Notification (1) 10/17/2017		Name of Building Owner/Operator (2) Seritage SRC Finance LLC	
Agencies Notified	Type Notification	Street Address 489 Fifth Avenue 18th Floor	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10017	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Colin Stirrat	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sears Auto Center Unit#6434		Type of Facility (4)		
Street Address 50 Route 46		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Wayne	Square Feet 80,000	# of Floors 2	Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) PAL Environmental Services	
Street Address 280 Huyler Street		Street Address 11-02 Queens Plaza South		
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Long Island City, NY 11101		
Project Manager for Monitoring Firm Veronica Kero		Telephone No. 201-489-8700	Telephone No. 718-349-0900	License No. 28675
Start Date (10) 10/30/2017	Scheduled Completion Date (11) 03/30/2018	Name of OSHA Monitor Martin McRea		

Occupancy Status During Abatement (Check Only One)	Street Address 714 Kennedy Blvd.
<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 Bayonne, NJ 07002

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"/> 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	
Please see attached material breakdown										

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967	Disposal Date 11/02/2017	City, State Waynesburg, OH 44688	
Completed by Ann A. Ali	Title Compliance Admin	Signature 	Date 10/17/2017


LOCATION	DESCRIPTION	QUANTITY	
		SF	LF
ROOF	EXHAUST FLASHING	92	
ROOF	PITCH POCKET	39	
EXTERIOR	EXPANSION JOINTS		3,200
BASEMENT	PIPE FITTINGS		430
BASEMENT	HOLDING TANK INSULATION	85	
BASEMENT	BOILER INSULATION	350	
BASEMENT	BOILER FLUE INSULATION	160	
GROUND	PIPE INSULATION		100
GROUND	MASTIC	9210	
TOTAL		9936	3730



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

Paid
RECEIVED
 OCT 23 2017

OK # 1182

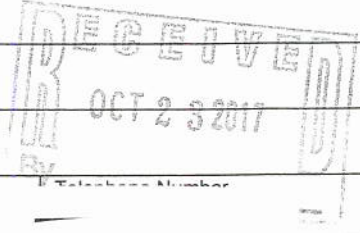
Date of Notification (1) 10-17-2017		Name of Building Owner/Operator (2) Judit M Saltesz-Decker							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> 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 Englewood, NJ 07631		Name of Contact Judit M Saltesz-Decker						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Used Car Dealer		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 1010 Saint Georges Ave		Square Feet 1,945	# of Floors 1						
City (5) Colonia		Bldg. Age +50							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Used Car Dealer							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 12 Maple Ave #F2							
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-276-0099						
Start Date (10) 10-28-2017		Scheduled Completion Date (11) 11-13-2017	License No. 01317						
Name of OSHA Monitor United Safety LLC		Name of OSHA Monitor United Safety 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 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ 07058							
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
Office		X		VAT	251 SF	X			
Pitched Roof		X		Green Shingle	1,800 SF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Pine Brook, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 10-17-2017		

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

CK # 2416

Paid.

Date of Notification (1) 10-17-2017		Name of Building Owner/Operator (2) Shuster Management	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 323-325 Pine Street City, State, Zip Code Jersey City, NJ 07304 Name of Contact Gerald Eglentowicz
			Telephone Number _____
	FACILITY INFORMATION		



Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2250	# of Floors 3
City (5) Jersey City, NJ 07304		Bldg. Age 129	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 10-27-2017	Scheduled Completion Date (11) 10-27-2017	Name of OSHA Monitor Same as above	
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)

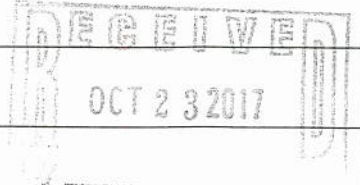
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
3rd floor living room-Kitchen		x		Linoleum	200 SF	x			

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S North landfill	
City, State Jersey City, NJ 07304		Disposal Date 10-27-2017	City, State Morrisville, PA		
Completed by Liliana Serrano	Title Office manager	Signature <i>Liliana Serrano</i>		Date 10-17-2017	

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

NO OK



Date of Notification (1) <u>10</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) John Taylor	
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Wildwood Crest, NJ 08260	
		Name of Contact John Taylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Taylor Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Wildwood Crest	Square Feet 1,700	# of Floors 2	Bldg. Age 80
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842	

Start Date (10) <u>10</u> / <u>12</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>27</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

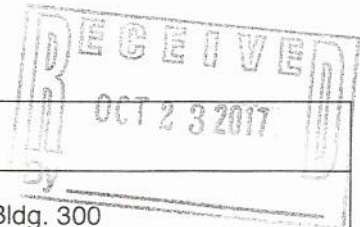
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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"/> 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
Utility Room and Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall	242 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall b/w House and Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall	160 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cape May County Landfill	
City, State Freehold, NJ		Disposal Date 10/27/2017		City, State Woodbine, NJ	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 10/17/17	

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



NO OK

Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) Federal Aviation Administration	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment # 4</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address Will J. Hughes Technical Center, 4th Floor, Bldg. 300	
		City, State, Zip Code Atlantic City, NJ 08405	
		Name of Contact Gregory Fray	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Atlantic City International Airport Bldg. 303		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 Building 303		Square Feet 20,000	# of Floors 1
City (5) Egg Harbor Township		Bldg. Age Unknown	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Mechanical room	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street	
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105	
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288
Start Date (10) 09/18/17		Scheduled Completion Date (11) 10/20/17	License No. 01303
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>Building occupied but work performed on roof</u>		Name of OSHA Monitor Self monitor	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

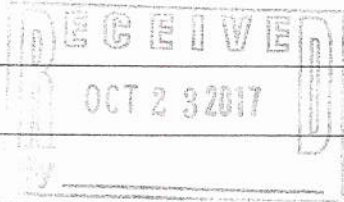
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Pitch pockets	88 SF	x			

Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste .55	Name of Registered Landfill Atlantic County Utilities Authority	
City, State Hainsport, NJ		Disposal Date 10/2/17		City, State Egg Harbor Township, NJ	
Completed by Jeff Yekenchik		Title Owner	Signature 		Date 10/17/17

OK # 2822

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

Yoda



Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) Anna Garelich								
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 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 South Plainfield, NJ 07080								
		Name of Contact Eric Plackis	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		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) South Plainfield		Bldg. Age 98								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) None								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.								
Street Address		Street Address P.O. Box 915								
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (732)899-7499	License No. 01196							
Start Date (10) 10/19/17	Scheduled Completion Date (11) 10/23/17	Name of OSHA Monitor								
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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
				boiler insulation	15 Lft.	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Inc.						
City, State Brick, New Jersey			Disposal Date 10/23/17	City, State PA						
Completed by Eric Plackis		Title President	Signature [Signature]		Date 10/18/17					

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

Paid

FORM 1011

CK # 1113

RECEIVED
OCT 23 2017
By

Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) GAIL REILLY	
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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code BERGENFIELD NJ. 07621
			Name of Contact GIL REILLY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 972	# of Floors 1
City (5) BERGENFIELD NJ. 07621		Bldg. Age 91	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address 1126 - 51. ST		
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047		
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201-776-0642	License No. 01300

Start Date (10) 10/20/2017	Scheduled Completion Date (11) 10/27/2017	Name of OSHA Monitor ENVIRO PROBE 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 108 LIBERTY ST.		
		City, State, Zip Code METUCHEN NJ.		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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	92 LF.	X			

Name of Registered Waste Hauler TRI - STATE - ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRSE INC	
City, State BRONX NY		Disposal Date TBD		City, State WAYNESBURG, OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 10/17/17	

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