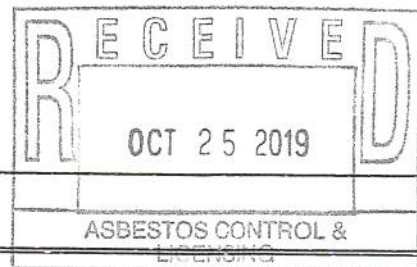


JNV 15493

D&S Proj. #: 19-213

CK5054

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



PAID

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/11/19 | | Name of Building Owner/Operator (2) Franklin Kunganzi | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Montclair, NJ 07042 | |
| Name of Contact Franklin Kunganzi | | 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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,300 SF | | |
| City (5) Montclair, NJ 07042 | | | # of Floors 02 | | |
| County (6) Essex | | | Bldg. Age 90 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | 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 | |
| Start Date (10) 10/15/19 | | Sched. Completion Date (11) 10/22/2019 | | License Number 01169 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

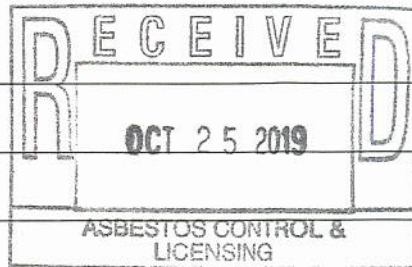
Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Basement | | <input checked="" type="checkbox"/> | | Pipe Insulation | 100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | | <input checked="" type="checkbox"/> | | Boiler Insulation | 60 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|------------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 3 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature <i>Bogdan Joldzic</i> | Date 10/14/19 |

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



| | | | |
|---|--|--|-----------------------|
| Date of Notification (1) 10/03/2019 | | Name of Building Owner/Operator (2) 615 VERMEULEN PL. | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 229 JACKSON AVE. | RUTHERFORD NJ. |
| | | Name of Contact | Telephone Number |
| | | ALEJANDRO | |

FACILITY INFORMATION

| | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) PRIVATE | | Type of Facility (4) | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) FRANKLIN LAKES NJ | | Square Feet | # of Floors |
| | | 2000 | 1 |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) |
| | | | YES |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC. | |
| Street Address | | Street Address | |
| | | 4919 BERGENLINE AVE. | |
| City, State, Zip Code | | City, State, Zip Code | |
| | | WEST NEW YORK NJ. | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. |
| | | 201-776-0642 | 1300 |
| Start Date (10) 10/04/2019 | Scheduled Completion Date (11) 10/05/2019 | Name of OSHA Monitor EMSL ANALITYCAL INC. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | 307 WEST 38TH ST. | |
| | | City, State, Zip Code | |
| | | NY.NY. | |

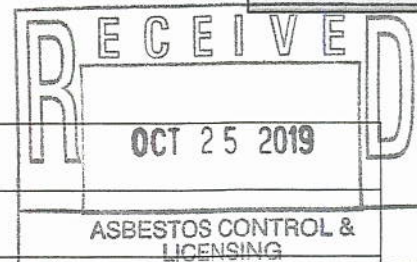
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | X | | JOIN COMPUND | 28 LF | X | | | |
| BASEMENT | | X | | FLOOR TILE 12X12 | 110 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler TRI STATE | | NJDEP Waste Hauler ID No. 19951 | Cubic Yards of Waste TBD | Name of Registered Landfill MINERVA ENTERPRISE INC. | |
| City, State BRONX NY | | Disposal Date TBD | | City, State WAYNESBURG OHIO | |
| Completed by CARLOS ESQUIVEL | | Title MANAGER | Signature | Date 10/03/2019 | |

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



| | | | |
|---|---|---|----------------------------------|
| Date of Notification (1) 10/09/2019 | | Name of Building Owner/Operator (2) Newark Public School | |
| Agencies Notified | Type Notification | Street Address 190 Mohammad Ali Avenue Room 209 | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark NJ 07108 | |
| | | Name of Contact Benjamin Olagadeyo | Telephone Number 973-733-7200 |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Newark Vocational School | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 301 West Kinney Street | | Square Feet 50000 | # of Floors 3 |
| City (5) Newark NJ 07103 | | Bldg. Age 120 | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Learning institution | |
| Name of Monitoring Firm Hired by Building Owner (8) Whitman | | ASCM No. 00110 | Name of Abatement Contractor (9) Turningpoint Contracting Corporation |
| Street Address 7 Pleasant Hill Road | | Street Address 1125 Cranbury Road | |
| City, State, Zip Code Cranbury NJ 08512 | | City, State, Zip Code Union NJ 07083 | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone No. 732-390-5858 | License No. 01238 |
| Start Date (10) 11/04/2019 | Scheduled Completion Date (11) 06/04/2020 12/15/19 | Name of OSHA Monitor Metro Analytical Laboratories | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 255 West 36th Street, Suite 101 | |
| | | City, State, Zip Code New York, NY 10018 | |

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-Exempted (*) and Non-Friable Procedure |

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

| | | | |
|--|-------------------------------------|-----------------------------|--|
| Name of Registered Waste Hauler Tri-State Transfer Associates | NJDEP Waste Hauler ID No. SW1896 | Cubic Yards of Waste 150 | Name of Registered Landfill Menerva Enterprises Associates Inc. |
| City, State | | Disposal Date | City, State Wahnesburg OH 44688 |
| Completed by Emeka Okeke | Title President | Signature | Date 10/09/2019 |

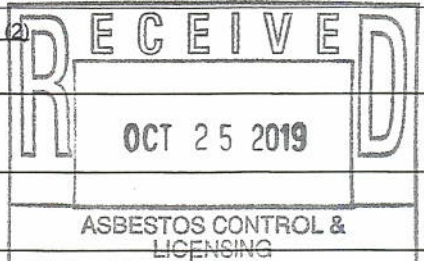
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

10/01/2019

Name of Building Owner/Operator (2)

33 Washington St, LLC



Agencies Notified

() USEPA
() NJDEP
(X) NJDOL
(X) NJDOH
() NJDCA

Type of Notification

(X) Initial Notification
() Amended
Amendment # _____
() Emergency (including justification)
() Cancellation

Street Address

33 Washington St

City, State, Zip Code

Newark, NJ 07102

Name of Contact

Jared Berger

Tel. Number

917-903-4312

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Commercial property

Type of Facility (4)

() School (K-12)
() Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Street Address

33 Washington St

SQ. Feet: 200000

of Floors 18

Bldg. Age 80

City (5)

Newark

County (6)

Essex

County Code (7)

(State Use Only)

Current Use (if being demolished):

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

ISES, Inc.

ASCM No.

N/A

Name of Contractor (9)

Industrial Safety & Environmental Solutions, Inc.

Street Address

3300 Hudson Avenue

Street Address

3300 Hudson Avenue

City, State, Zip Code

Union City, NJ

City, State, Zip Code

Union City, NJ 07087

Project Manager for Monitoring Firm

David Camacho

Telephone Number

201 325-0055

Telephone Number

(201)325-0055

License Number

01124

Scheduled Start Date (10)

10/11/2019

Scheduled Completion Date (11)

10/25/2019

Name of OSHA Monitor

ISES, Inc.

Occupancy Status During Abatement (Check only one)

() Facility Closed/Vacated During Entire Period of Abatement
() Abatement Performed Outside of Normal Facility Hours -
(X) Other - Describe: floor is vacant

OSHA Monitor Address

3300 Hudson Avenue, Union City, NJ 07087

Source of Work (Check all that apply)

() Demolition (X) Renovation
() Minor Project (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Non-Exempted/Non-Friable Procedure
() Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Mini-Enclosure with Negative Pressure
(X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure or Wrap and cut procedure

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

YES NO N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Enclosure

16th floor

X

Mastic

~ 18,500 SFT

X

16th floor

X

Floor tile residue

~ 2500 S FT

16th floor

X

TSI pipe elbows

~ 50 LFT

X

Name of Reg. Waste Hauler

Newark Carting

NJDEP Waste Hauler ID #

04509

Cubic Yards of Waste

20

Name of Reg. Landfill: Grand Central

Sanitation 1963 Pen Argyl Road

City, State

369 Raymond Blvd, Newark NJ

Disp. Date

10/25/2019

City, State

Pen Argyl, PA 18072

Completed by (Print or Type)

David Camacho

Title

Project Supervisor

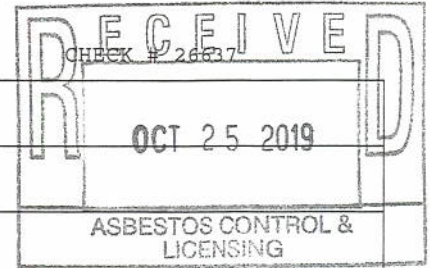
Signature

[Signature]

Date

10/01/2019

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



| | | | |
|---|--|--|------------------------------------|
| Date of Notification (1) 10-11-19 <i>INV 15503</i> | | Name of Building Owner/Operator (2) Verizon Communication | |
| 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 700 Hidden Ridge Road | |
| | | City, State, Zip Code Irving, TX 75038 | |
| | | Name of Contact Renzo Contreras | Telephone Number (973) 951-0542 |

FACILITY INFORMATION

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Street Address 256 State Street | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Hackensack, NJ | | Square Feet 300SF | # of Floors 1 |
| County (6) Bergen | | Bldg. Age 40 | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Commercial | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Pinnacle Environmental Corp. |
| Street Address 1253 North Church Street | | Street Address 200 Broad Street | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Carlstadt, NJ 07072 | |
| Project Manager for Monitoring Firm Kris Smith | | Telephone No. (609) 313-8218 | Telephone No. 201-939-6565 |
| License No. 00756 | | | |
| Start Date (10) 11-04-19 | Scheduled Completion Date (11) 12-31-19 | Name of OSHA Monitor Even-Air 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 10-59 Jackson Avenue | |
| | | City, State, Zip Code Long Island City, NY 11101 | |

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 |
| 1st Floor: Lunch Room | | | x | Pipe Insulation | 50LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---------------------------------|--|
| Name of Registered Waste Hauler Newark Carting, Inc. | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S. North Landfill |
| City, State Newark, NJ 07105 | | Disposal Date TBD | City, State Morrisville, PA 19067 |
| Completed by Joseph Patrick | Title Project Manager | Signature <i>[Signature]</i> | Date 10-11-19 |

CK 26038

PAID

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

Print Form

RECEIVED

CHECK OCT 26 2019

ASBESTOS CONTROL & LICENSING

| Date of Notification (1) 10-11-19 Inv 15501 | | Name of Building Owner/Operator (2) The Port Authority of NY & NJ | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address Newark Liberty International Airport, Bldg. 125, Central Terminal Area | | | | | | | |
| <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 Newark, NJ 07114 | | | | | | | |
| | | Name of Contact John A. Volpe | Telephone Number (973) 622-0800 ext. 259 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport | | Type of Facility (4) | | | | | | | |
| Street Address 345 Earhart Drive | | <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) Newark | | Square Feet 100,000 | # of Floors 88 yrs. | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Airport | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ | | ASCM No. N/A | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 241 Erie Street | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Jersey City, NJ 07310 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Ralph Campione | | Telephone No. 973-622-0800 | License No. 00756 | | | | | | |
| Start Date (10) 10-28-19 | Scheduled Completion Date (11) 12-31-19 | Name of OSHA Monitor Testor Technology Environmental Services | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <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: Abatement will be conducted in a restricted area. | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | | x | Manhole Pipe | 205LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY / Bronx, NY | | | Disposal Date TBD | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Raymond Kinsella | | Title Project Manager | Signature | | | Date 10-11-19 | | | |

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

RECEIVED

CHECK # 26601
OCT 25 2019

ASBESTOS CONTROL & LICENSING

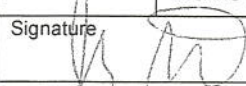
CK 26601
Inv 15499

| | | | |
|--|---|--|------------------------------------|
| Date of Notification (1) 10-08-19 | | Name of Building Owner/Operator (2) Verizon Communication | |
| Agencies Notified | Type Notification | Street Address 700 Hidden Ridge Road | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Irving, TX 75038 | |
| | | Name of Contact Renzo Contreras | Telephone Number (201) 291-3930 |

FACILITY INFORMATION

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Street Address 183 Jefferson 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) Perth Amboy | Square Feet 30,000SF | # of Floors 4 | Bldg. Age 40yrs. |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Commercial | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. |
| Street Address 1253 North Church Street | | Street Address 200 Broad Street | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Carlstadt, NJ 07072 | |
| Project Manager for Monitoring Firm Kris Smith | | Telephone No. (609) 313-8218 | License No. 00756 |
| Start Date (10) 10-18-19 | Scheduled Completion Date (11) 12-31-19 | Name of OSHA Monitor Even-Air Inc. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Long Island City, NY 11101 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 2nd Floor: Section of the Lunch Rm. | | | x | VAT/Mastic | 2,000SF | x | | | |
| 2nd Floor: Section of the Lunch Rm. | | | x | Transite | 80SF | x | | | |
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|---|------------------------------------|---|--|
| Name of Registered Waste Hauler Newark Carting, Inc. | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S. North Landfill |
| City, State Newark, NJ 07105 | Disposal Date TBD | City, State Morrisville, PA 19067 | |
| Completed by Joseph Patrick | Title Project Manager | Signature  | Date 10-08-19 |

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

RECEIVED

CHECK # 6033/26602
OCT 25 2019

ASBESTOS CONTROL & LICENSING

CK 26602

| | | | |
|--|---|---|--|
| Date of Notification (1) 10-08-19 | | Name of Building Owner/Operator (2) PRC KKF Group | |
| Agencies Notified | Type Notification | Street Address P.O. Box 70, 40 Monmouth Park Highway | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code West Long Branch, NJ 07764 | |
| | | Name of Contact Peter Wersinger III, Esq. | Telephone Number (732) 222-2000 x2207 |

FACILITY INFORMATION

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Fort Monmouth | | Type of Facility (4) | |
| Street Address 145 Sherrell Road | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Oceanport, NJ | | Square Feet 1,000 | # of Floors 1 |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. |
| Street Address 300 Kimball Drive | | Street Address 200 Broad Street | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Carlstadt, NJ 07072 | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. (973)560-4983 | License No. 00756 |
| Start Date (10) (3)10-10-19 | Scheduled Completion Date (11) 03-31-20 | Name of OSHA Monitor Even-Air Inc. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | |
| <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 Long Island City, NY 11101 | |

Scope of Work (Check All That Apply)

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

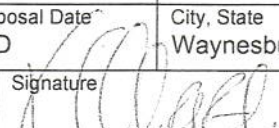
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Ground Floor | | | x | Floor Tile & Mastic | 900SF | x | | | |
| | | | | | | | | | |
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|---|--|------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | |
| City, State Shirley, NY / Newark, NJ 07105 | | | Disposal Date TBD | City, State Waynesburg, OH 44688 | |
| Completed by Richard Doran | | Title Project Manager | Signature | Date 10-08-19 | |

CK6047

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

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| RECEIVED | Print Form |
| CHECK #067425 | 2019 |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | | |
|--|---|--|--|--|----------------|---------|--------|-------------|-----------|
| Date of Notification (1) 10-08-19 | | Name of Building Owner/Operator (2) 30 Montgomery Partners LLC c/o Cushman & Wakefield | | | | | | | |
| Agencies Notified | Type Notification | Street Address 30 Montgomery Street, Suite 200 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07302 | | | | | | | |
| | | Name of Contact Ingrid Noonan | Telephone Number (201) 451-7100 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 30 Montgomery 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) Jersey City, NJ 07302 | | Square Feet 312,500SF | # of Floors 16 | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | Bldg. Age ~45 yrs. | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Altomonte Environmental Services | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 2200 Paterson Plank Rd # 7 | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code North Bergen, NJ 07047 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Carmelo Altomonte | | Telephone No. (201) 864-6583 | License No. 00756 | | | | | | |
| Start Date (10) 10-21-19 | Scheduled Completion Date (11) 12-31-19 | Name of OSHA Monitor Even-Air Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 4th Floor | | | x | VAT | 7,000SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY / Bronx, NY | | | Disposal Date TBD | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Kevin Moriarty | | Title Project Manager | Signature  | Date 10-08-19 | | | | | |

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19


| | | | |
|--|--|--|--|
| Date of Notification (1) October 8, 2019 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY | Telephone Number 848-445-2550 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) ADMINISTRATIVE SERVICES, BLDG# 3751 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address BUSCH CAMPUS | | Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years | |
| City (5) PISCATAWAY | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| Street Address 3 TERRI LANE | | Street Address 511 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 11/12/19 | Scheduled Completion Date (11) 12/23/2019 | Name of OSHA Monitor ENVIROVISION, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Facility Occupied Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 8AM - 8AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | Street Address 20-21 WARGARAW ROAD, BLDG# 35E | |
| | | City, State, Zip Code FAIRLAWN, NJ 07410 | |
| 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| 3 rd Floor Various Locations | <input checked="" type="checkbox"/> | JOINT COMPOUND (ASSOCIATED WITH WALL BOARD) | 3780 SF |
| | | | |
| | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 80 CY |
| Name of Registered Landfill G.R.O.W.S. North Landfill | | | |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 12/23/2019 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date October 8, 2019 |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

CK1671

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

| | |
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| RECEIVED | Print Form |
| | OCT 25 2019 |
| ASBESTOS CONTROL & LICENSING | |

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|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/12/2019 <i>INV-15494</i> | | Name of Building Owner/Operator (2) Private House- Irwin Cohen | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Short Hills, NJ 07078 | | | | | | | |
| | | Name of Contact Irwin Cohen | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Short Hills | | Square Feet 4200 | # of Floors 2 | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 65 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Nari Construction, LLC | | | | | | | |
| Street Address | | Street Address 63 Leather Stocking Path | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 862-264-9463 | License No. 01306 | | | | | | |
| Start Date (10) 10/25/2019 | Scheduled Completion Date (11) 10/26/2019 | Name of OSHA Monitor Nari Construction, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 63 Leather Stocking Path | | | | | | | |
| <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 Lincoln Park, NJ 07035 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | VAT | 490 SF | X | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Nari Construction, LLC | | NJDEP Waste Hauler ID No. 0037535 | Cubic Yards of Waste 5 CY | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Lincoln Park, NJ | | | Disposal Date TBD | City, State Morrisville, PA 19067 | | | | | |
| Completed by Igor Jezdimirovic | | Title P. Manager | Signature  | | | Date 10/12/2019 | | | |

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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RECEIVED
OCT 25 2019

CK 3285

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| Date of Notification (1) October 18, 2019 | | Name of Building Owner/Operator (2) The Valley Hospital | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> x DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> x DOH | | Notification Type Initial Notification <input checked="" type="checkbox"/> Amendment # 1 Emergency (including justification) | |
| Street Address 223 North Van Dien Avenue | | City, State, Zip Code Ridgewood, NJ 07450-2736 | |
| Name of Contact William Stasiak | | Telephone Number 201-447-8141 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) The Valley Hospital-Cheel Wing, 1st Floor Lab Storage Room | | 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.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years | |
| Street Address 223 N. Van Dien Avenue | | Current Use (prior if being demolished): Hospital | |
| City (5) Ridgewood | County (6) Bergen | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| Street Address 131 Varick Street # 939 | | Street Address 511 MAIN STREET | |
| City, State, Zip Code New York, NY 10013 | | City, State, Zip Code Butler, NJ 07405 | |
| Project Manager for Monitoring Firm Jim Miades | Telephone Number 347.435.3561 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) October 25, 2019 | Scheduled Completion Date (11) October 31, 2019 | Name of OSHA Monitor EMSL inc. | |
| 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: | | Street Address 1056 Stelton Road | |
| | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Lab Storage Room | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic | Amount (Specify SF or LF) 300 sf |
| Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose | | | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 15 | Name of Registered Landfill/ Fairless Landfill/ Grand Central Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 | | Disposal Date October 31, 2019 | City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265 |
| Completed by (Print or Type) Marin Graure | Title SENIOR PROJECT MANAGER | Signature <i>Marin Graure</i> | Date October 18, 2019 |

GAC # 2019-673-005 Please Note Changes: Owner pushed back the start date to Friday, October 25, 2019

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

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| Print Form |
| RECEIVED |
| OCT 25 2019 |

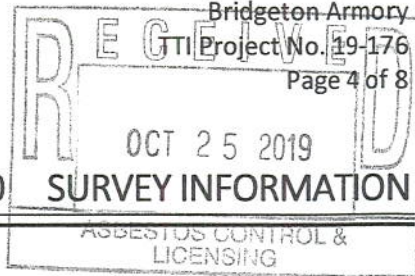
| | | | |
|--|---|--|--------------------------------|
| Date of Notification (1) 10.18.19 | | Name of Building Owner/Operator (2) NEW JERSEY DIVISION OF MILITARY AND VETERAN AFFAIRS | |
| Agencies Notified | Type Notification | Street Address 101 EGGERT CROSSING ROAD | ASBESTOS CONTROL & LICENSING |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code LAWRENCVILLE, NEW JERSEY 08648 | |
| | | Name of Contact DARWIN OWENS | Telephone Number 6095306911 |

| FACILITY INFORMATION | | | |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) 1215 HIGHWAY 77 | | 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 1215 HIGHWAY 77 | | Square Feet 30,000 | # of Floors 2 |
| City (5) UPPER DEERFIELD TWP | | Bldg. Age UNKWN | |
| County (6) CUMBERLAND | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) PRIVATE RESIDENCE | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC | | Name of Abatement Contractor (9) BRINK'S TANK SERVICES | |
| Street Address 1253 NORTH CHURCH ST | | Street Address 1256 LIBERTY AVE | |
| City, State, Zip Code MOORESTOWN, NJ 08057 | | City, State, Zip Code HILLSIDE, NJ 07205 | |
| Project Manager for Monitoring Firm JIM GUILARDI | | Telephone No. 8568408800 | License No. 01316 |
| Start Date (10) 10.30.19 | Scheduled Completion Date (11) 11.30.19 | Name of OSHA Monitor TTI 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 <input checked="" type="checkbox"/> Other - Describe: FORMER USE BY US ARMY | | Street Address 1253 NORTH CHURCH ST | |
| | | City, State, Zip Code MOORESTOWN, NJ 08057 | |

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

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

| | | | | | |
|---|--|------------------------------------|---------------------------------|---|--|
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste | Name of Registered Landfill CUMBERLAND CO. IMPROVMENT AU | |
| City, State ROSENHAYN, NJ | | | Disposal Date | City, State ROSENHAYN, NJ | |
| Completed by ALISON LAMERS | | Title PROJECT MANAGER | Signature <i>[Signature]</i> | Date 10.18.19 | |



2.0

SURVEY INFORMATION

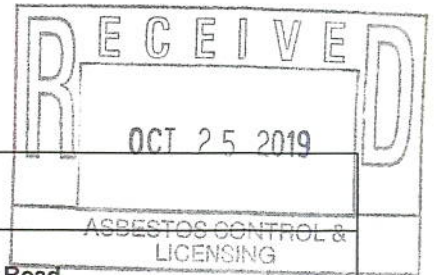
2.1 Asbestos Containing Building Materials (ACBM)

The US Environmental Protection Agency (EPA) defines ACBM as those materials that contain greater than 1% asbestos. **Table 1.0** below summarizes laboratory analysis of the suspect materials that have an asbestos content of greater than one percent (1%). Complete asbestos analytical results of the materials sampled can be located in **Appendix C** of this report.

| Table 1.0: List of Asbestos-Containing Materials | | | |
|---|---|---|---|
| Location | Materials | Estimated Quantities | % Asbestos |
| Throughout Building | Interior Door Caulk | 400 Linear Feet (16 Interior Doors) | 2% Chrysotile |
| Front Lobby/Entrance Vestibule 116/Foyer 115 | Window Panel Glazing | 160 Linear Feet | 2% Chrysotile |
| Office Area/Administration and Offices 113 & 114 | Exterior/ Interior Window Caulk/Glazing | 108 Linear Feet (2) 9'X8' (1) 12'X8' Windows | 1.7% Anthophyllite 2.1-4% Chrysotile |
| Women's Restroom/ Public Toilet 110/Rest Room 111 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Men's Restroom/ Men's Toilet 107 & Showers 109 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Utility Room/ Storage 106 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Old Kitchen/ Armorer's office 105 | | 28 Linear Feet (2) 4'X3' Windows | |
| Open Area Gym/ Drill Hall 121 | | 248 Linear Feet (5) 12'X4' (4) 7'X4' Windows | |
| Storage/ Locker Room 101 Supply Room 102 with Vault | | 75 Linear Feet (5) 4.5'X3' Windows | |
| Classrooms/ Classroom 3B | | 33 Linear Feet (1) 8.5'X8' Window | |
| Classrooms/ Classroom 3C 119 | | 80 Linear Feet (2) 12'X8' Windows | |
| Classrooms/ Classroom 3D 118 | | 33 Linear Feet (1) 8.5'X8' Window | |
| Office Area/ Administration Office 112 | 9"x9" Brown & Tan Floor Tile | 336 Square Feet (Brown) | 3% Chrysotile |
| Office Area/ Office 113 | | 168 Square Feet (Brown) | |
| Office Area/ Office 114 | | 126 Square Feet (Brown) | |
| Classrooms/ Classroom 3B | | 315 Square (Brown) | |
| Classrooms/ Classroom 3C 119 | | 630 Square Feet (Brown) | |
| Classrooms/ Classroom 3D 118 | | 315 Square Feet (Brown) | |
| Kitchen/ Classroom Kitchen 117 | | 220 Square Feet (Tan) | |

Inv-15488
CK1840

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

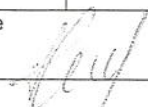


| | | | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 21 / 19 | | Name of Building Owner/Operator (2) The Church of the Holy Family | | | | | | | |
| 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 C/O The Diocese of Trenton 701 Lawrence Road City, State, Zip Code Trenton, NJ 08648 Name of Contact Neil Pirozzi Telephone Number 609-403-7195 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 910 US Highway 36 East | | City (5) Hazlet | | | | | | | |
| City (5) Hazlet | | Square Feet | # of Floors | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) 07730 | Bldg. Age | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| Street Address 87 Main Street, Suite A | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jovic | Telephone No. 973-650-0932 | Telephone No. 973-928-4888 | License No. 1188 | | | | | | |
| Start Date (10) 10 / 30 / 19 | Scheduled Completion Date (11) 01 / 31 / 20 | 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 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) 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 Building | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 10,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor South Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum and Mastic | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor North Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum and Mastic | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 1,600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting / Century Waste, LLC | | NJDEP Waste Hauler ID No. 0283 / 32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Grand Central Sanitary Landfill / Fairless Landfill | | | | | |
| City, State Newark, NJ / Elizabeth, NJ | | | Disposal Date TBD | City, State Pen Argyl, PA / Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | | Date 10/21/19 | | |

INV15456

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

CK 006682

| | | | | | | | | | |
|--|---|---|---|---|--------------------|---------|--------|-------------|-----------|
| Date of Notification (1) 10/22/2019 | | Name of Building Owner/Operator (2) P.I.D. LLC | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 25 2019 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address P.O. BOX 1055 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code FAIRLAWN, NJ 07410 | | | | | | | |
| | | Name of Contact GLENN KRIGER | | Telephone Number 201 796 3343 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) P.I.D. LLC (BLDG. 4) | | | Type of Facility (4) | | | | | | |
| Street Address 132 BECKWITH AVE. | | | <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) PATERSON, NJ 07503 | | | Square Feet 250,000 | # of Floors 4 | Bldg. Age 80 | | | | |
| County (6) PASSAIC | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) COMMERCIAL WAREHOUSE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) WHITESTONE ASSOCIATES | | ASCM No. _____ | Name of Abatement Contractor (9) HAZMAT DIAGNOSTIC LLC | | | | | | |
| Street Address 35 TECHNOLOGIES DR. | | Street Address 16 GLENWILD AVE | | | | | | | |
| City, State, Zip Code WARREN, NJ | | City, State, Zip Code BLOOMINGDALE, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm JEREMY HASSETT | | Telephone No. 267 496 7955 | Telephone No. 973 928 3995 | License No. 01181 | | | | | |
| Start Date (10) 11/01/2019 | Scheduled Completion Date (11) 11/04/2019 | | Name of OSHA Monitor HAZMAT DIAGNOSTIC LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 16 GLENWILD AVE | | | | | | |
| <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 16 GLENWILD AVE | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 3RD FLOOR WALKWAY BRIDGE | | | X | TSI | 95 LF | X | | | |
| BETWEEN BLDG. 3-4 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Hazmat Diagnostic LLC | | NJDEP Waste Hauler ID No. Hazmat Diagno | Cubic Yards of Waste TBD | Name of Registered Landfill WM-Grand Central Landfill | | | | | |
| City, State Bloomington, NJ | | | Disposal Date TBD | City, State Pen Argyl, PA | | | | | |
| Completed by Deni Naumovski | | Title PRESIDENT | Signature  | | Date 10/22/2019 | | | | |

INV-15486

B & G proj. #: 2019-246

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

Check # 9650

| | | | | |
|---|---|---|--|---|
| Date of Notification (1) 10/21/19 | | Name of Building Owner/Operator (2) CarePoint Health Corporation | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 25 2019 ASBESTOS CONTROL & </div> |
| Agencies Notified | Type Notification | Street Address 10 Exchange Place 15th Floor | | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Jersey City, NJ 07302 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact John Gilson | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number 201-653-0506 | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Christ Hospital | | | 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 176 Palisade Avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Jersey City, NJ 07302 | County (6) Hudson | County Code (7) (State use only) | Current Use (Prior if being demolished) Hospital | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) T & M Associates | | ASCM No. | 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 732-671-6400 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 11/04/2019 | | Sched. Completion Date (11) 12/02/2019 | 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: 2nd shift 3:00 pm - 11:30 pm | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| 3rd floor Bi-Plane Cons Area | | | <input checked="" type="checkbox"/> | fire proofing | 7,000 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd floor Bi-Plane Cons Area | | | <input checked="" type="checkbox"/> | linoleum flooring | 75 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd floor Bi-Plane Cons Area | | | <input checked="" type="checkbox"/> | pipe fittings | 50 locations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd floor Bi-Plane Cons Area | | | <input checked="" type="checkbox"/> | VAT & mastic | 700 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"/> |

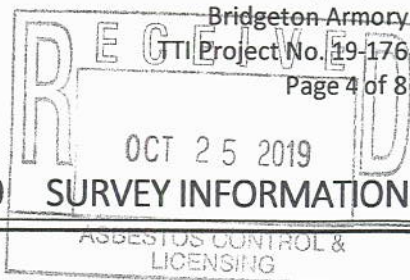
| | | | |
|--|--------------------------------------|--------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 200 cy | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 11/04/19 - 12/02/19 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature Gordana Luna | Date 10/21/2019 |

CK1320

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

| | |
|-----------------|--|
| Print Form | |
| RECEIVED | |
| OCT 25 2019 | |

| | | | |
|--|--|--|---|
| Date of Notification (1) 10.18.19 | | Name of Building Owner/Operator (2) NEW JERSEY DIVISION OF MILITARY AND VETERAN AFFAIRS | |
| Agencies Notified | Type Notification | Street Address 101 EGGERT CROSSING ROAD | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code LAWRENCVILLE, NEW JERSEY 08648 | |
| | | Name of Contact DARWIN OWENS | Telephone Number 6095306911 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) 1215 HIGHWAY 77 | | 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 1215 HIGHWAY 77 | | Square Feet 30,000 | # of Floors 2 |
| City (5) UPPER DEERFIELD TWP | | Bldg. Age UNKWN | |
| County (6) CUMBERLAND | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) PRIVATE RESIDENCE | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC | | ASCM No. | |
| Street Address 1253 NORTH CHURCH ST | | Name of Abatement Contractor (9) BRINK'S TANK SERVICES | |
| City, State, Zip Code MOORESTOWN, NJ 08057 | | Street Address 1256 LIBERTY AVE | |
| Project Manager for Monitoring Firm JIM GUILARDI | | Telephone No. 8568408800 | Telephone No. 844-462-7465 |
| License No. 01316 | | | |
| Start Date (10) 10.30.19 | Scheduled Completion Date (11) 11.30.19 | Name of OSHA Monitor TTI 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 <input checked="" type="checkbox"/> Other - Describe: FORMER USE BY US ARMY | | Street Address 1253 NORTH CHURCH ST | |
| | | City, State, Zip Code MOORESTOWN, NJ 08057 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| PLEASE SEE ATTACHED | | | X |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste |
| City, State ROSENHAYN, NJ | | Name of Registered Landfill CUMBERLAND CO. IMPROVMENT AU | |
| Disposal Date | | City, State ROSENHAYN, NJ | |
| Completed by ALISON LAMERS | Title PROJECT MANAGER | Signature <i>Alison Lamers</i> | Date 10.18.19 |

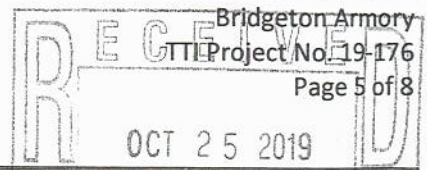


2.0 SURVEY INFORMATION

2.1 Asbestos Containing Building Materials (ACBM)

The US Environmental Protection Agency (EPA) defines ACBM as those materials that contain greater than 1% asbestos. Table 1.0 below summarizes laboratory analysis of the suspect materials that have an asbestos content of greater than one percent (1%). Complete asbestos analytical results of the materials sampled can be located in **Appendix C** of this report.

| Table 1.0: List of Asbestos-Containing Materials | | | |
|---|---|---|---|
| Location | Materials | Estimated Quantities | % Asbestos |
| Throughout Building | Interior Door Caulk | 400 Linear Feet (16 Interior Doors) | 2% Chrysotile |
| Front Lobby/Entrance Vestibule 116/Foyer 115 | Window Panel Glazing | 160 Linear Feet | 2% Chrysotile |
| Office Area/Administration and Offices 113 & 114 | Exterior/ Interior Window Caulk/Glazing | 108 Linear Feet (2) 9'X8' (1) 12'X8' Windows | 1.7% Anthophyllite 2.1-4% Chrysotile |
| Women's Restroom/ Public Toilet 110/Rest Room 111 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Men's Restroom/ Men's Toilet 107 & Showers 109 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Utility Room/ Storage 106 | | 15 Linear Feet (1) 4.5'X3' Window | |
| Old Kitchen/ Armorer's office 105 | | 28 Linear Feet (2) 4'X3' Windows | |
| Open Area Gym/ Drill Hall 121 | | 248 Linear Feet (5) 12'X4' (4) 7'X4' Windows | |
| Storage/ Locker Room 101 Supply Room 102 with Vault | | 75 Linear Feet (5) 4.5'X3' Windows | |
| Classrooms/ Classroom 3B | | 33 Linear Feet (1) 8.5'X8' Window | |
| Classrooms/ Classroom 3C 119 | | 80 Linear Feet (2) 12'X8' Windows | |
| Classrooms/ Classroom 3D 118 | | 33 Linear Feet (1) 8.5'X8' Window | |
| Office Area/ Administration Office 112 | 9"x9" Brown & Tan Floor Tile | 336 Square Feet (Brown) | 3% Chrysotile |
| Office Area/ Office 113 | | 168 Square Feet (Brown) | |
| Office Area/ Office 114 | | 126 Square Feet (Brown) | |
| Classrooms/ Classroom 3B | | 315 Square Feet (Brown) | |
| Classrooms/ Classroom 3C 119 | | 630 Square Feet (Brown) | |
| Classrooms/ Classroom 3D 118 | | 315 Square Feet (Brown) | |
| Kitchen/ Classroom Kitchen 117 | | 220 Square Feet (Tan) | |



| Table 1.0: List of Asbestos-Containing Materials | | | |
|---|---|----------------------------------|----------------|
| Location | Materials | Estimated Quantities | % Asbestos |
| Office Area/ Administration Office 112 | Mastic associated with 9"x9" Brown & Tan Floor Tile | 336 Square Feet (Brown) | 5% Chrysotile |
| Office Area/ Office 113 | | 168 Square Feet (Brown) | |
| Office Area/ Office 114 | | 126 Square Feet (Brown) | |
| Classrooms/ Classroom 3B | | 315 Square (Brown) | |
| Classrooms/ Classroom 3C 119 | | 630 Square Feet (Brown) | |
| Classrooms/ Classroom 3D 118 | | 315 Square Feet (Brown) | |
| Kitchen/ Classroom Kitchen 117 | | 220 Square Feet (Tan) | |
| Classrooms/ Classroom 3B | Transite Type Chalk Board | 75 Square Feet (1) 15'X5' Board | 5% Chrysotile |
| Classrooms/ Classroom 3D 118 | | 40 Square Feet (1) 8'X5' Board | |
| Classrooms/ Classroom 3D 118 | | 45 Square Feet (1) 9'X5' Board | |
| Exterior Front Entrance Overhang | Skim Coat Plaster | 350 Square Feet | 3% Chrysotile |
| Exterior Rear Entrance Overhang | | 45 Square Feet | |
| Rear Exit Hallway/ Passage 104 | Interior Light Reflector Paper | 2 Square Feet (2 Light Fixtures) | 60% Chrysotile |
| Storage/ Locker Room 101 Supply Room 102 with Vault | Vault Door | 1 Each | Assumed |

The fire doors were assessed but not bulk sampled during this inspection. All wood fire doors were confirmed to be solid wood with no internal suspect materials. All metal fire doors were confirmed to be insulated with fiberglass type materials that did not contain suspect tar paper vapor barrier.

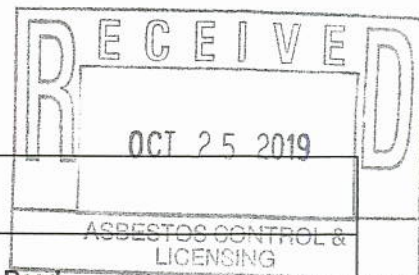
The suspect ACBM listed in Table 2.0 below were sampled and found to contain less than one percent (1%) asbestos.

| Table 2.0: Non-Asbestos Asbestos-Containing Materials- Readiness Center | |
|---|---|
| Exterior Wall Brick Mortar | Exterior Door Caulk |
| Plaster Ceilings | Thinset Mortar Floor Tile |
| Grout Floor Tile | Ceramic Tile Wall Mortar |
| Black Cove Base | Floor Expansion Joints #2 |
| Floor Expansion Joints #1 | Compressed Ceiling Panel |
| White Fissured 2'x4' Ceiling Tile | White Dotted 2'x4' Ceiling Tile |
| Interior Brick Mortar | Duct Caulk |
| Terrazzo | Classroom Divider Panels |
| Exterior Brown Coat | Exterior Rough Wall |
| Concrete Slab | Paperboard Ceiling |
| Roof Materials | Roof Membrane |
| Roof Flashing | Black Wire associated with Lighting (Rubber) |
| Brown Wire associated with Lighting (Rubber) | Black Wire associated with Electrical Panel (Cloth) |

TTI recommends that all identified ACBM that will be directly impacted or has a high potential to be disturbed during the course of the proposed renovation activities be properly removed and disposed of as asbestos containing waste. Any ACBM that require abatement activities shall be removed according to

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



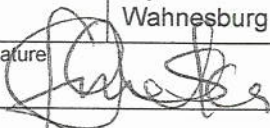
| | | | | | | | | | |
|---|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 21 / 19 | | Name of Building Owner/Operator (2) The Church of the Holy Family | | | | | | | |
| 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 C/O The Diocese of Trenton 701 Lawrence Road City, State, Zip Code Trenton, NJ 08648 Name of Contact Neil Pirozzi Telephone Number 609-403-7195 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 910 US Highway 36 East | | City (5) Hazlet | | | | | | | |
| City (5) Hazlet | | Square Feet | # of Floors | | | | | | |
| County (6) Monmouth | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) 07730 | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC | | ASCM No. | | | | | | | |
| Street Address 87 Main Street, Suite A | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | Street Address 27 Outwater Lane | | | | | | | |
| Project manager for Monitoring Firm Mark Jovic | | Telephone No. 973-650-0932 | Telephone No. 973-928-4888 | | | | | | |
| Start Date (10) 10 / 30 / 19 | | License No. 1188 | | | | | | | |
| Scheduled Completion Date (11) 01 / 31 / 20 | | 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 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| 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 Building | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 10,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor South Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum and Mastic | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor North Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum and Mastic | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 1,600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting / Century Waste, LLC | | NJDEP Waste Hauler ID No. 0283 / 32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Grand Central Sanitary Landfill / Fairless Landfill | | | | | |
| City, State Newark, NJ / Elizabeth, NJ | | | Disposal Date TBD | City, State Pen Argyl, PA / Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | | Date 10/21/19 | | |

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ASBESTOS CONTROL &
LICENSING

| | | | |
|--|------------------------|------------------------------------|-------------------|
| Completed by: (Print or type) Allen Monchik | Title: Project Manager | Signature: <i>Allen Monchik</i> | Date: 10/21/19 |
|--|------------------------|------------------------------------|-------------------|

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

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| ASBESTOS CONTROL & LICENSING | |

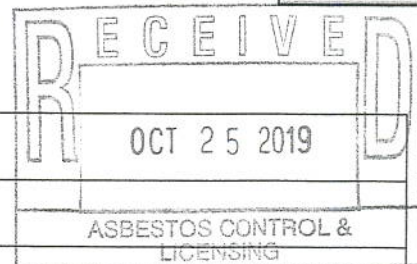
| | | | | | | | | |
|--|--|--|--|--|----------------|---------|--------|-------------|
| Date of Notification (1) 10/09/2019 | | Name of Building Owner/Operator (2) Newark Public School | | | | | | |
| Agencies Notified | Type Notification | Street Address 190 Mohammad Ali Avenue Room 209 | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark NJ 07108 | | | | | | |
| | | Name of Contact Benjamin Olagadeyo | Telephone Number 973-733-7200 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Newark Vocational School | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 301 West Kinney Street | | Square Feet 50000 | # of Floors 3 | | | | | |
| City (5) Newark NJ 07103 | | Bldg. Age 120 | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Learning institution | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Whitman | | ASCM No. 00110 | Name of Abatement Contractor (9) Turningpoint Contracting Corporation | | | | | |
| Street Address 7 Pleasant Hill Road | | Street Address 1125 Cranbury Road | | | | | | |
| City, State, Zip Code Cranbury NJ 08512 | | City, State, Zip Code Union NJ 07083 | | | | | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone No. 732-390-5858 | License No. 01238 | | | | | |
| Start Date (10) 11/04/2019 | Scheduled Completion Date (11) 06/04/2020 12/15/19 | Name of OSHA Monitor Metro Analytical Laboratories | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 255 West 36th Street, Suite 101 | | | | | | |
| | | City, State, Zip Code New York, NY 10018 | | | | | | |
| 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| See Attached | | | | See Attached | See Attached | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Tri-State Transfer Associates | | NJDEP Waste Hauler ID No. SW1896 | Cubic Yards of Waste 150 | Name of Registered Landfill Menerva Enterprises Associates Inc. | | | | |
| City, State | | Disposal Date | | City, State Wahnesburg OH 44688 | | | | |
| Completed by Emeka Okeke | | Title President | Signature  | Date 10/09/2019 | | | | |

Newark Vocational Sch

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| Location | Material | Approximate Amount |
|--|---|--------------------|
| Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell | Acoustical Ceiling Plaster | 700 SF |
| Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell | Wall Ceramic Tile and Mortar | 3,000 SF |
| Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices | Acoustical Ceiling and Wall Plaster | 8000 SF |
| Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices | Pipe Insulation including Elbows and Joints | 5000 LF |
| Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices | Wall Ceramic Tile and Mortar | 3000 SF |
| Gym | Acoustical Plaster | 10,035 SF |
| 1st floor corridor | Acoustical Plaster | 8,000 SF |
| 1st floor corridor | Wall Ceramic Tile and Mortar | 6,000 SF |
| 1st floor corridor | Pipe Insulation including Elbows and Joints | 5,000 LF |
| Rooms un-24-28 | Floor tile and mastic | 2,500 SF |
| Auditorium | Floor tile and mastic | 5,500 SF |
| Auditorium | Suspended ceiling | 3,500 SF |
| Cafeteria and kitchen | Acoustical Plaster | 4,500 SF |
| Cafeteria and kitchen | Pipe Insulation including Elbows and Joints | 1,500 LF |
| Cafeteria | Blue floor tile and mastic | 2,000 SF |

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



| Date of Notification (1) 10/18/19 <i>INV-15380</i> | | Name of Building Owner/Operator (2) Wick Companies | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 25 2019 ASBESTOS CONTROL & LICENSING </div> | | | | | |
|--|---|---|---|---|---|------------------|--------|-------------|-----------|
| 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 type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 100 Woodbridge Center Dr | | City, State, Zip Code Woodbridge, NJ 07095 | | Name of Contact Steven Barthel | | | | | |
| Telephone Number 908-218-0880 | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) The Loft | | | 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 55 Brook St | | | Square Feet 68,525 | | | | | | |
| City (5) WoodBridge | | | # of Floors 6 | | Bldg. Age 50+ | | | | |
| County (6) Middlesex County | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Apartments | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. | | Name of Abatement Contractor (9) Yannuzzi Group, Inc. | | | | | |
| Street Address | | Street Address 135 Kinnelon Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 908-218-0880 | | | | | |
| | | | | License No. 01228 | | | | | |
| Start Date (10) 10/23/19 | | Scheduled Completion Date (11) 12/23/2019 | | Name of OSHA Monitor Yannuzzi Group, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Street Address 135 Kinnelon Road | | | | | | |
| | | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 |
| Floors 1-6 | | | X | Popcorn Ceiling | 32,250 SF | X | | | |
| Floors 1-6 | | | X | Hallway Mastic | 34,448 SF | X | | | |
| Ground Floor | | | X | Breeching, Duct Insulation, Fitting | 1,277 | X | | | |
| Roof | | | X | Caulk, Brick Tar | 550 | X | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste 68,525 | Name of Registered Landfill Grows Fairless / Blythe Landfill | | | | |
| City, State Kinnelon, NJ | | | | Disposal Date 12/24/2019 | City, State Morrisville, PA / Saint Clair, PA | | | | |
| Completed by John Mucha | | Title AHERA Project Designer | | Signature <i>John Mucha</i> | | Date 10/18/19 | | | |

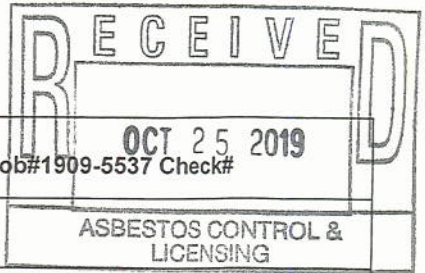
INV15420
CK 11737

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

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| ASBESTOS CONTROL & LICENSING | | |

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|---|---|--|---|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 18 / 19 | | Name of Building Owner/Operator (2) NJ DPMC / Job #1906-5500 Check #11737 | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 034 City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Kevin McDonald Telephone Number 856-662-9500 | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) NJ DOT Building 18 & 18A | | 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 1035 Parkway Avenue | | Square Feet # of Floors Bldg. Age | | | | | | |
| City (5) Ewing | | County Code (7)(STATE USE ONLY) | | | | | | |
| County (6) Mercer | | Current Use (Prior if being demolished) Public Building | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 344 West State Street | | Street Address 30 Maple Ave. PO Box 25 | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber | | Telephone No. 609-656-8101 | License No. 00529 | | | | | |
| Start Date (10) 7 / 15 / 19 | Scheduled Completion Date (11) 11 / 30 / 19 | Name of OSHA Monitor EMSL Analytical | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| See Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | See Attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 60 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"/> |
| 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 11/30/19 | | City, State Tullytown, PA | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>Gwendolyn Trumbetti</i> | | Date 10-18-19 | | |

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



| | | | | | | | | | |
|--|---|--|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">10 / 18 / 19</div> | | Name of Building Owner/Operator (2) Seaview Resorts Acquisition Group, LLC Job#1909-5537 Check# | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 5600 Mariner Street, Suite 200 City, State, Zip Code Tampa, FL 33609 Name of Contact Brian Quigley Telephone Number 215-901-2241 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Stockton Seaview Hotel & Golf Club | | 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 401 South New York Road | | Square Feet | | | | | | | |
| City (5) Galloway, NJ 08205 | | # of Floors | | | | | | | |
| County (6) Atlantic | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Hotel | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts | | ASCM No. | | | | | | | |
| Street Address 286 Sunset Road | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| City, State, Zip Code Barrington, NJ 08007 | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| Project Manager for Monitoring Firm Mike Menz | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Telephone No. 856-628-6020 | | Telephone No. 609-265-2107 | | | | | | | |
| License No. 00529 | | Name of OSHA Monitor EMSL-Analytical | | | | | | | |
| Start Date (10) 10 / 14 / 18 | | Scheduled Completion Date (11) 10 / 21 / 19 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Room 252 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster & Drywall Ceiling | 260 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 10/21/19 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 10-18-19 | | | |

RECEIVED
OCT 25 2019
ob#1909-5537 Check#
ASBESTOS CONTROL &
LICENSING

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

RECEIVED
1821 OCT 25 2019
ASBESTOS CONTROL & LICENSING

| | | | | | |
|--|--|--|--|--|--|
| Date of Notification (1) 10 / 22 / 19 | | Name of Building Owner/Operator (2) USPS R&A East / Job #1910-5553 Check #11821 | | OCT 25 2019 | |
| 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 6 Griffin Road North City, State, Zip Code Windsor, CT 06006 Name of Contact Guy Gieb Telephone Number 908-598-0813 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) USPS | | | 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 39 Division Street | | | Square Feet | | |
| City (5) Somerville | | | # of Floors | | |
| County (6) Somerset | | | Bldg. Age | | |
| County Code (7)(STATE USE ONLY) | | | Current Use (Prior if being demolished) Office | | |
| 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 Lumberton, NJ 08048 | |
| City, State, Zip Code | | Telephone No. 609-265-2107 | | License No. 00529 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor EMSL Analytical | |
| Start Date (10) 11 / 1 / 19 | | Scheduled Completion Date (11) 11 / 8 / 19 | | Street Address 200 Route 130 North | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | City, State, Zip Code Cinnaminson, NJ 08077 | | Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Exterior | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Flashing/Pitch Pocket Tar 70 SF | |
| Exterior | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Roof Flashing 800 SF | |
| Exterior | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Caulk around Louvre 22 LF | |
| | | <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 | |
| City, State Lumberton, NJ | | Disposal Date 11/8/19 | | Name of Registered Landfill G.R.O.W.S. Landfill | |
| City, State Tullytown, PA | | Signature Gwendolyn Trumbetti | | Date 10-22-19 | |

CK # 9794

"OPEN NOTIFICATION"

Inv-15517

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

| | |
|------------------------------|--|
| RECEIVED | |
| OCT 25 2019 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | |
|---|---|--|----------------------------------|
| Date of Notification (1) 10/24/2019 | | Name of Building Owner/Operator (2) PSE&G | |
| Agencies Notified | Type Notification | Street Address 4000 HADLEY ROAD | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code SOUTH PLAINFIELD, NJ 7080 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact ANTHONY D'ANGELO | Telephone Number 347-753-1838 |

| | | | |
|---|---|---|--------------------|
| Name of Facility Where Abatement is Taking Place (3) PSE&G | | 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 17-53 NEVINS ROAD | | Square Feet N/A | # of Floors N/A |
| City (5) FAIRLAWN | | Bldg. Age N/A | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) SWITCH STATION | |

| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC. | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | |
| Project Manager for Monitoring Firm TOM GEIGER | Telephone No. 732-290-2217 | Telephone No. 732-432-8350 | License No. 01111 |

| | | |
|--|--|---|
| Start Date (10) 11/6/2019 | Scheduled Completion Date (11) 12/30/2019 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA, 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: OUT DOORS | | Street Address 396 WHITEHEAD AVE. |
| | | City, State, Zip Code SOUTH RIVER, NJ 08882 |

| | | | |
|--|--|--|--|
| 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 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 |
| OUTSIDE | | X | | ACM SOMASTIC | 100 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|--|--------------------------------|---|
| Name of Registered Waste Hauler VEOLIA | NJDEP Waste Hauler ID No. 080631369 | Cubic Yards of Waste APPX 5 | Name of Registered Landfill FAIRLESS |
| City, State FLANDERS, NJ | Disposal Date TBD | City, State MORRISVILLE, PA | |
| Completed by CAROL RAIMO | Title OFFICE MGR. | Signature Carol Raimo | Date 10/24/19 |

Inv 15520

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

chk # 3646

| | | | | | | | | | |
|--|---|---|-------------------------------------|--|---------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 23 / 19 | | Name of Building Owner/Operator (2) Verizon | | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">OCT 25 2019</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div> | | | | | |
| 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 15 East Montgomery Place, Lower Level | | City, State, Zip Code Pittsburgh, PA 15212 | | | | | | | |
| | | Name of Contact Anthony Porta | | Telephone Number 412-633-4021 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Kearny C.O. | | | | 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 114 Midland Ave | | | | Square Feet # of Floors Bldg. Age | | | | | |
| City (5) Kearny | | | | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 8436 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 | | License No. 00509 | | | | | |
| Start Date (10) 11 / 19 / 19 | | Scheduled Completion Date (11) 11 / 26 / 19 | | 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: _____ AM - _____ PM / 5:00 PM - 1:30 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement battery area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 2,100 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste tbd | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State YARDLEY, PA | | | | Disposal Date tbd | | City, State WAYNESBURG, OH 44688 | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro / gpr | | Date 10-23-19 | | | |

 ASB-41
 MAY 11 1519128

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

Inv 15519

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

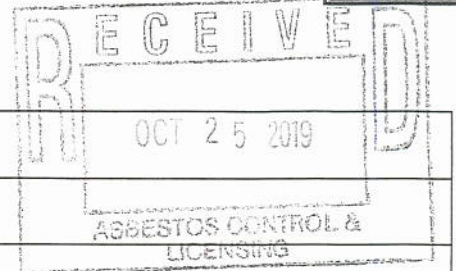
Chk # 3645

| Date of Notification (1) 10 / 22 / 19 | | Name of Building Owner/Operator (2) Verizon | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 25 2019 ASBESTOS CONTROL & LICENSING </div> | | | | | |
|---|---|---|--------------------------|--|---------------------------|---|--------------------------|---|--------------------------|
| 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 15 East Montgomery Place, Lower Level | |
| | | City, State, Zip Code Pittsburgh, PA 15212 | | | | | | | |
| | | Name of Contact Anthony Porta | | Telephone Number 412-633-4021 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Paterson C.O. | | | | 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 114 Paterson Street | | | | City, State, Zip Code Paterson 07501 | | | | | |
| City (5) Paterson | | Square Feet | | # of Floors | | Bldg. Age | | | |
| County (6) Gloucester | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Office | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 8436 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) 11 / 14 / 19 | | Scheduled Completion Date (11) 11 / 21 / 19 | | 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: _____ AM- _____ PM/5:00PM-1:30AM | | | | 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 checked="" type="checkbox"/> Mini-Enclosure | | | | | |
| | | | | <input checked="" type="checkbox"/> Glovebag Procedure | | | | | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Rear Stairwell | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 154 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Front Stairwell | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 15 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State YARDLEY, PA | | | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro / JS | | Date 10-22-19 | | | |

ASB-41
MAY 11 1519129

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

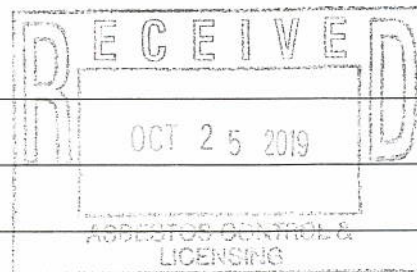
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|---|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/15/2019 | | Name of Building Owner/Operator (2) Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Kenilworth, NJ 07033 | | | | | | | |
| | | Name of Contact Eileen Cuccaro | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Kenilworth | | Square Feet 2,200 | # of Floors 2 Bldg. Age 67 | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions | | ASCM No. | Name of Abatement Contractor (9) Brinks Tank Services | | | | | | |
| Street Address PO Box 354 | | Street Address 1256 Liberty Avenue | | | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | City, State, Zip Code Hillside, NJ 07205 | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | Telephone No. 201-349-2666 | Telephone No. 844-462-7465 License No. 01316 | | | | | | |
| Start Date (10) 11/04/2019 | | Scheduled Completion Date (11) 11/18/2019 | | | | | | | |
| Name of OSHA Monitor A. Seine Lighthouse Solutions | | | | | | | | | |
| 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 PO Box 354 | | | | | | | |
| | | City, State, Zip Code South Orange, NJ 07079 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Ground Level | | X | | Pipe Wrap | 6 LF | X | | | |
| Ground Level | | X | | Floor Tile | 365 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill Waste Management Landfill | | | | | |
| City, State East Orange, NJ | | | Disposal Date | City, State Penn Argyle, PA | | | | | |
| Completed by Amy Garcia | | Title Project Manager | Signature | | | Date 10/16/2019 | | | |

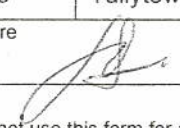
INV#15377
CK 34109 PAID

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



| | | | | | |
|---|---|--|-----|--|--------------------------------------|
| Date of Notification (1) October 21/2019 | | Check #3469 | | Name of Building Owner/Operator (2) VEOLIA | |
| Agencies Notified | | Type Notification | | Street Address 172 Baekeland Avenue | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Middlessex, NJ | |
| Name of Contact Jerry Schlomer | | | | Telephone Number 732-255-7777 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Veolia | | | | Type of Facility (4) | |
| Street Address 172 Baekeland Ave | | | | <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) Middlessex | | | | Square Feet 2,200 | # of Floors 1 |
| County (6) MIDLESSEX | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) EA Services Corporation | |
| Street Address | | | | Street Address 426 69th Street | |
| City, State, Zip Code | | | | 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) 10/22/19 | | Scheduled Completion Date (11) 10/25/19 | | Name of OSHA Monitor Same as above | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 8 AM | | | | 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| Main Building: Locker Rooms | | | x | Pipe Insulation + Fittings | 46 LF |
| Main Building Roof | | | x | Black Roof Field | 2,200 SF |
| Main Bldg Ext Front | | | x | Grey Wall Caulk | 20 LF |
| Main Bldg Roof Parapet | | | x | Roof Flashing Sealant | 150 LF |
| Name of Registered Waste Hauler Veolia | | NJDEP Waste Hauler ID No. 20071 | | Cubic Yards of Waste 20 cubic Yards | Name of Registered Landfill GROWS |
| City, State Flanders, NJ | | Disposal Date 10/25/19 | | City, State Morrisville, PA | |
| Completed by Gina Betances | | Title Office Manager | | Signature | Date 10/21/2019 |

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

| | | | | | | | | |
|--|---|---|--|---|------------------|---------|--------|-------------|
| Date of Notification (1) 10-14-19 | | Name of Building Owner/Operator (2) 30 Montgomery Partners, LLC | | | | | | |
| Agencies Notified | Type Notification | Street Address 30 Montgomery St., Suite 200 | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07302 | | | | | | |
| | | Name of Contact Anthony Wolsko | Telephone Number (973) 464-9691 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building | | Type of Facility (4) | | | | | | |
| Street Address 30 Montgomery St. | | <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) Jersey City | | Square Feet | # of Floors | | | | | |
| County (6) Hudson | | Bldg. Age | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | |
| Street Address | | Street Address 1119 East Grand St. | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | |
| Start Date (10) 10-23-19 | | Scheduled Completion Date (11) 10-28-19 | Name of OSHA Monitor Delfa Contracting LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1119 East Grand St. | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) <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 |
| 14th Floor | | x | Vat+Mastic | 1,400 SF | x | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 10 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | |
| City, State Elizabeth, NJ | | | Disposal Date 10-29-19 | City, State Tullytown, PA | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | Signature  | | Date 10-23-19 | | | |

Inv# 15516

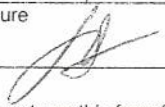
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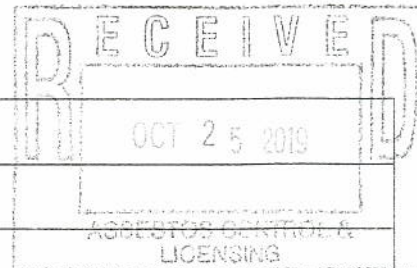
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
OCT 25 2019

Print Form

| | | | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10-14-19 | | Name of Building Owner/Operator (2) 30 Montgomery Partners, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 30 Montgomery St., Suite 200 | ASBESTOS CONTROL & LICENSING | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07302 | | | | | | | |
| | | Name of Contact Anthony Wolsko | Telephone Number (973) 464-9691 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building | | Type of Facility (4) | | | | | | | |
| Street Address 30 Montgomery St. | | <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) Jersey City | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 1119 East Grand St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201 216-9603 | License No. 01206 | | | | | | |
| Start Date (10) 10-23-19 | Scheduled Completion Date (11) 10-28-19 | Name of OSHA Monitor Delfa Contracting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1119 East Grand St. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 14th Floor | | x | | Vat+Mastic | 1,400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 10 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Elizabeth, NJ | | Disposal Date 10-29-19 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature  | | Date 10-23-19 | | | |

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



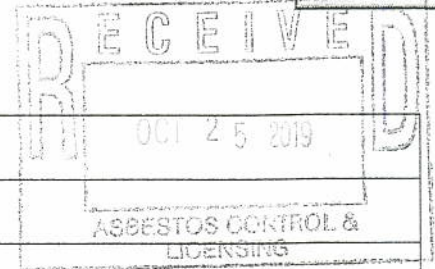
| | | | | | | | | | |
|---|--|--|------------------------------------|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10-09-19 | | Name of Building Owner/Operator (2) Arco / Murray | | | | | | | |
| Agencies Notified | Type Notification | Street Address 4849 Greenville Ave. Suite 1460 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Dallas, TX 75206 | | | | | | | |
| | | Name of Contact Andrew Amitrano | Telephone Number (469) 502-0447 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | 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 450 Belleville Turnpike | | Square Feet | # of Floors | | | | | | |
| City (5) North Arlington | | Bldg. Age | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | | |
| City, State, Zip Code | | Street Address 1119 East Grand St. | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201 216-9603 | License No. 01206 | | | | | | |
| Start Date (10) 10-10-19 | Scheduled Completion Date (11) 10-16-19 | Name of OSHA Monitor Delfa Contracting 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 1119 East Grand St. | | | | | | | |
| | | City, State, Zip Code Elizabeth NJ 07201 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | x | | Transite Pipe | 120 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 10 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Elizabeth, NJ | | Disposal Date 10-17-19 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | Date 10-09-19 | | | |

Inv #15103

Print Form

CK 2227 PAID

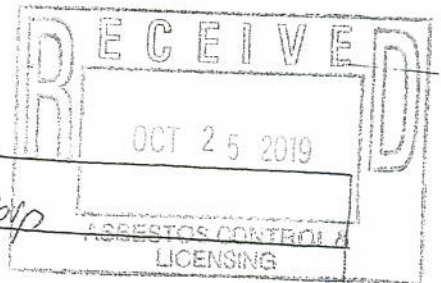
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10-10-19 | | Name of Building Owner/Operator (2) Maria Khamis | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Elizabeth, NJ, 07201 | | | | | | | |
| | | Name of Contact Maria Khamis | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Elizabeth | | Square Feet | # of Floors | | | | | | |
| County (6) Union | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 1119 East Grand St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 216-9603 | | | | | | |
| Start Date (10) 10-21-19 | | Scheduled Completion Date (11) 10-23-19 | License No. 01206 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Delfa Contracting LLC | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7am-5pm | | Street Address 1119 East Grand St. | | | | | | | |
| | | City, State, Zip Code Elizabeth, NJ 07201 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Insulation | 100 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 4 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Union City, NJ | | Disposal Date 10-14-19 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | Date 10-10-19 | | | |

Inv# 15512
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | |
|---|--|---|--|
| Date of Notification (1) 10/16/19 | | Name of Building Owner/Operator (2) American Demolition Corp | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 2 English Ln | | City, State, Zip Code Essex NJ 08234 | |
| Name of Contact Bernard | | Telephone Number 609 926 7373 | |
| Name of Facility Where Abatement is Taking Place (3) Resident | | | |
| Street Address [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Morgantown | | Square Feet # of Floors Bldg. Age | |
| County (6) Ocean County | | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) | |
| Street Address | | Name of Abatement Contractor (9) Am. Ice Abatement Demolition LLC | |
| City, State, Zip Code | | Street Address 1212 Burlington Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Delaware NJ 08015 | |
| Start Date (10) 10/20/19 | | Telephone No. 609-346-5916 | |
| Scheduled Completion Date (11) 11/20/19 | | License No. C1070 | |
| Occupancy/Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor | |
| Type of Work (Check All That Apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Outside | | City, State, Zip Code | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding | |
| | | Amount (Specify SF or LF) 7500 | |
| | | Abatement Type Removal Repair Enclosure Enclosure | |
| Registered Waste Hauler WJE LLC | | NJDEP Waste Hauler ID No. 20847 | |
| City, State Delaware NJ | | Cubic Yards of Waste | |
| Disposal Date 10/20/19 | | Name of Registered Landfill KIM of PA | |
| City, State Delaware NJ | | Signature Joseph T Hall | |
| Title President | | Date 10/10/19 | |

Inv# 15510

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

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|---|--|---|--|---|
| Date of Notification 10/18/19 Type Notification | | Name of Building Owner / Operator (2) Nestle USA, Inc. | | |
| Agencies Notified | Emergency Notification | Street Address | | <div style="border: 1px solid black; padding: 5px;"> OCT 25 2019 ASBESTOS CONTROL & </div> |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 1812 N. Moore Street | | |
| <input checked="" type="checkbox"/> DEP | Amended Notification | City, State & Zip Code | | |
| <input checked="" type="checkbox"/> DOL | Cancellation | Arlington, VA. 22201 | | |
| <input checked="" type="checkbox"/> DOH | | Name of Contact | | Telephone Number |
| <input checked="" type="checkbox"/> DCA | | Louis Liguori | | 908-670-2483 |
| FACILITY INFORMATION | | | | |
| Name of Facility Where Abatement is Taking Place (3) Freehold Facility | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 61 Jerseyville Ave | | | Square Feet 100,000 | # of Floors 2 |
| City (5) Freehold | County (6) Monmouth | County Code (7) | Bldg. Age 60+ | |
| Current Use (Prior if being demolished) Commercial | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) Global Abatement Services, LLC | |
| Street Address 560 Sylvan Avenue | | Street Address 443 Schoolhouse Road | | |
| City, State & Zip Code Englewood Cliffs, NJ 07632 | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Project Manager for Monitoring Firm Steven Jaraczewski | | Telephone Number 201-569-6708 | Telephone Number 732-605-9062 | License Number 00714 |
| Scheduled Start Date (10) 10/28/19 | Scheduled Completion Date (11) 11/11/19 | | Name of OSHA Monitor Global Abatement Services, LLC | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Roof | | | Street Address 443 Schoolhouse Road | |
| | | | City, State & Zip Code Monroe Township, NJ 08831 | |
| Scope of Work (Check all that apply) | | | | |
| Demolition <input type="checkbox"/> <input checked="" type="checkbox"/> Renovation Large Project <input type="checkbox"/> Full Containment with Negative Pressure Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> <input checked="" type="checkbox"/> Other: Non-friable | | | | |
| 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 Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
| Roof | N/A | Roof flashing | 224 SF | Removal |
| Roof | N/A | Transite panels | 200 SF | Removal |
| Name of Registered Waste Hauler ETGI | | NJDEP Waste Hauler ID # 0006920061 | Cu. Yds. of Waste 10 | Name of Registered Landfill US Ecology/Wayne Disposal |
| City, State Flanders, NJ | | Disposal Date 11/11/19 | City, State Belleville, MD | |
| Completed By (Print or Type) Dominick Tringali | Title President | Signature <i>Dominick Tringali</i> | | Date 10/18/19 |

Inv #15508

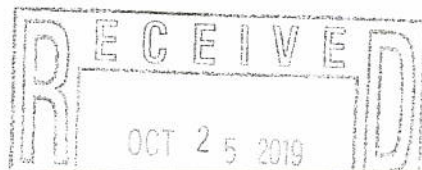
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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

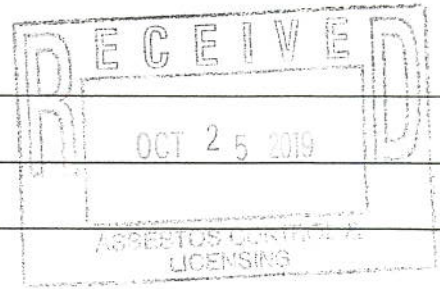


| | | | |
|---|--|--|--|
| Date of Notification (1) 10/18/2019 | | Name of Building Owner/Operator (2) Benjamin Gerwitz | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Passaic, NJ 07055 | |
| Name of Contact Mr. Benjamin Gerwitz | | Tel. Number [REDACTED] | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | City, State, Zip Code [REDACTED] | |
| City (5) Passaic | County (6) Passaic | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | ASCN No. [REDACTED] | |
| Street Address [REDACTED] | | Name of Contractor (9) MTM Metro Corporation | |
| City, State, Zip Code [REDACTED] | | Street Address 135-137 McBride Ave | |
| Project Manager for Monitoring Firm [REDACTED] | | Telephone Number 973-742-5030 | |
| Telephone Number [REDACTED] | | License Number 00809 | |
| Scheduled Start Date (10) 10/31/2019 | | Scheduled Completion Date (11) 10/31/2019 | |
| Name of OSHA Monitor MTM Metro Corporation | | Street Address 135-137 McBride Avenue | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: Un-occupied | | City, State, Zip Code Paterson, NJ 07501 | |
| Source 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler room | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pipe insulation | Amount (Specify SF or LF) 30 LF |
| | | | Abatement Type Rem. Rep. Encap. Enclose |
| | | | |
| | | | |
| Name of Reg. Waste Hauler MTM Metro Corporation | | NJDEP Waste Hauler ID # 26552 | Cubic Yards of Waste 2 |
| City, State 135-137 McBride Ave | | Name of Reg. Landfill Tullytown | |
| Disp. Date 10/31/2019 | | City, State Tullytown, PA | |
| Completed by (Print or Type) Elizabeth Maslarkov | Title Business Administrator | Signature Elizabeth Maslarkov | Date 10/18/2019 |

ASB-41

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

State of New Jersey

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

| | | | | | | | | | |
|--|--|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 10/21/19 | | Name of Building Owner/Operator (2) Martin Salaj Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ship Bottom NJ 08008 | | | | | | | |
| | | Name of Contact Martin | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Martin Salaj Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Ship Bottom NJ 08008 | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 856-753-9800 | | | | | | |
| Start Date (10) 10/31/19 | | Scheduled Completion Date (11) 11/15/19 | License No. 00727 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Same | | | | | | | |
| | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm | | Disposal Date 11/15/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 10/21/19 | | |

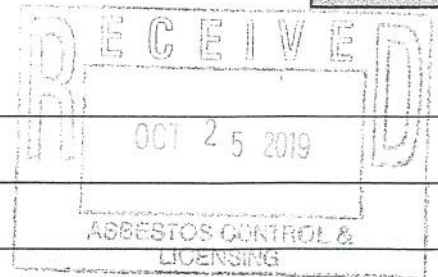
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

INV# 155020
CK 7053 PAID

| Date of Notification (1) 10/21/19 | | Name of Building Owner/Operator (2) Dennis & Susan Private Home | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|------------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code North Beach Haven NJ 08008 | | | | | | | |
| | | Name of Contact Dennis | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Dennis & Susan Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) North Beach Haven NJ 08008 | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House & garage | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 10/31/19 | Scheduled Completion Date (11) 11/15/19 | 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm | | Disposal Date 11/15/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature [Signature] | | | | Date 10/21/19 | |

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

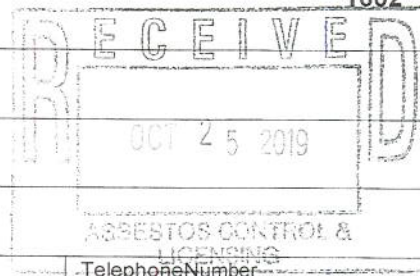
INV#15504
 CK 7651 PAID



| | | | | | | | | | |
|--|--|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 10/21/19 | | Name of Building Owner/Operator (2) Jennifer Ponsiglione Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Beach Township NJ 08008 | | | | | | | |
| | | Name of Contact Jennifer | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Jennifer Ponsiglione Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Long Beach Township NJ 08008 | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House Only | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 10/31/19 | Scheduled Completion Date (11) 11/15/19 | 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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding House Only | | | x | Exterior Siding | 1600. <i>5/2</i> | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm | | Disposal Date 11/15/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 10/21/19 | | |

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

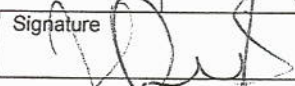
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| | | | | | | | | |
|--|--|---|---|---|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) October 21, 2019 | | Name of Building Owner/Operator (2) Yadwinder Singh | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 | City, State, Zip Code Asbury, NJ 08802 | | | | | | |
| | | Name of Contact Project Manager | | | | | | |
| Telephone Number | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Sukhwinder singh Binning | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | |
| City (5) Asbury | | Bldg. Age | | | | | | |
| County (6) Warren | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) house | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L. | | ASCM No. | | | | | | |
| Street Address 2200 Paterson Plank rd # 7 | | Name of Abatement Contractor (9) The MACK Group, LLC | | | | | | |
| City, State, Zip Code North Bergen, NJ 07047 | | Street Address 1500 Kings HWY N, STE 209 | | | | | | |
| Project Manager for Monitoring Firm Carmelo Altomonte | | Telephone No. 201-864-6583 | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | |
| Start Date (10) 11-4-19 | Scheduled Completion Date (11) 12-31-19 | Telephone No. (973) 759 - 5000 | License No. 00781 | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor The MACK Group, LLC. | | | | | | |
| | | Street Address 1500 Kings HWY N, STE 209 | | | | | | |
| | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 |
| Kitchen | | <input checked="" type="checkbox"/> | asbestos floor tile | 400 s/f | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJ DEP Waste Hauler ID No. 4509 | Cubic Yards of Waste 4 | Name of Registered Landfill Minerva Enterprises, LLC | | | | |
| City, State Newark, NJ | | Disposal Date 12-31-19 | | City, State Waynesburg, OH | | | | |
| Completed by Mike Cooper | | Title President | Signature | | Date 10/21/19 | | | |

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

Inv# 15446
PAID
check# 1153

| Date of Notification (1) 10/19/2019 | | Name of Building Owner/Operator (2) Millstone Capital Management LLC. | | | | | | | |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 325 River Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Belle Mead, NJ 08525 | | | | | | | |
| | | Name of Contact Jeff Mulaski | Telephone Number 215-519-1795 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Hopewell | | Square Feet 1,728 | # of Floors 2 | | | | | | |
| County (6) Mercer | | Bldg. Age 1900 | | | | | | | |
| 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) Danvic Contracting LLC. | | | | | | |
| Street Address | | Street Address 240 South 5th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elizabeth, NJ 07206 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 908-906-4123 | License No. 01355 | | | | | | |
| Start Date (10) 10/28/2019 | Scheduled Completion Date (11) 11/01/2019 | Name of OSHA Monitor Iris Environmental Laboratories, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe Insulation | 118 LF | X | | | |
| 1st Living Room | | | X | Pipe insulation | 40 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Danvic Contracting LLC | | NJDEP Waste Hauler ID No. 37574 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Elizabeth, New Jersey | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Jeymy Donneys | | Title Owner | Signature  | Date 10/19/2019 | | | | | |

17.10.2019 08:04 AM A. Mac Contracting

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INV# 15331

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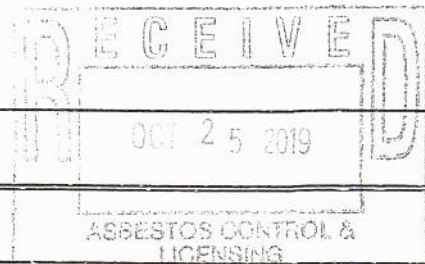
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:15)

DOL-10 DAY-1302

| | | | | | |
|---|--|--|--|---|--|
| Date of Notification (1) 10/17/19 | | Name of Building Owner/Owner (2) MRS BROWN | | City, State, Zip Code BERGEN FIELD NJ | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation | | Name of Contact MRS BROWN | |
| Name of Facility Where Abatement is Taking Place (3) MRS BROWN | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | Telephone Number 201-282-6841 | |
| Street Address BERGEN FIELD | | Square Feet 1450 | | # of Floors 2 | |
| City (5) BERGEN | | County Code (7) (STATE USE ONLY) | | Bldg. Age 82 | |
| Name of Monitoring Firm Hired by Building Owner (8) A. Mac Contracting | | ASCM No. | | Current Use (Prior if being demolished) RES | |
| Street Address 185 Vreeland Ave. | | City, State, Zip Code Midland Park, NJ 07432 | | Name of Abatement Contractor (6) A. Mac Contracting Inc. | |
| Project Manager for Monitoring Firm 10/17/19 | | Telephone No. 201-282-6841 | | License No. 00128 | |
| Scheduled Completion Date (11) 10/24/19 | | Name of OSHA Monitor Omega Environmental Services Inc. | | Street Address 280 Huyler Street | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: | | City, State, Zip Code Hackensack, NJ 07606 | | Amount (Specify SF or LB) | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or 23 ft 2100 or 2200 ft <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Grab Bag Procedure Non-Enclosed (C) and Non-Fragile Procedure | | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement | | 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 LB) | | Abatement Type | |
| Yes No N/A | | Amount (Specify SF or LB) | | Removal Repair Encapsulation Enclosure | |
| X | | 500 SF | | X | |
| X | | 500 SF | | X | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJ DEP Waste Hauler ID No. 04508 | | Cubic Yards of Waste 2 | |
| City, State Newark, NJ 07106 | | Name of Registered Landfill Grand Central Sanitary Landfill | | City, State Pen Argyl, PA 08072 | |
| Completed by R. McDonald | | Title President | | Signature R. McDonald | |
| Date 10/17/19 | | Date 10/17/19 | | Date 10/17/19 | |

Inv# 15492
 CK 1134 PAID

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



| | | | |
|---|--|--|--|
| Date of Notification (1) 11/01/19 | | Name of Building Owner/Operator (2) michael Dimaulo | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code ridgewood, nj 07450 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact michael Dimaulo | |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____ | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|-------------------|
| Name of facility where abatement is taking place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,000 SF | | |
| City (5) ridgewood, nj 07450 | | | County (6) Bergen | | # of Floors 02 |
| | | | County Code (7) (State use only) | | Bldg. Age 60 |
| Current Use (Prior if being demolished) Residential | | | | | |

| | | | | | |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 833-455-6629 | |
| Start Date (10) 11/01/19 | | Sched. Completion Date (11) 11/10/19 | | License Number 02007 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor KLOMAX, LLC | |
| | | | | Street Address 309 W. End Ave | |
| | | | | City, State, Zip Code Hopatcong, NJ 07843 | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Basement | | <input checked="" type="checkbox"/> | | Pipe Insulation | 100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

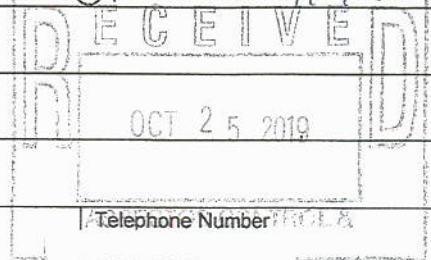
| | | | |
|--|-----------------------------|-------------------------------|---|
| Registered Waste Hauler KLOMAX, LLC | NJDEP Hauler ID# 0038241 | Cubic Yards of Waste 1 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State Hopatcong, NJ 07843 | Disposal Date TBD | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) Paige Boylan | Title Owner | Signature | Date 10/21/19 |

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

Inv# 15167

PAID

check# 1149



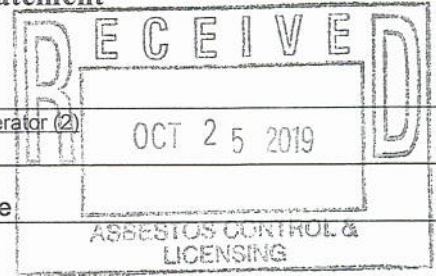
| | | | | | | | | | |
|---|--|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/10/2019 | | Name of Building Owner/Operator (2) Joanna Amaral | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | <input type="checkbox"/> [Redacted] City, State, Zip Code South River, NJ 08882 | | | | | | | |
| | | Name of Contact Joanna Amaral | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) | | | | | | | |
| Street Address [Redacted] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) South River | | Square Feet 1,080 | # of Floors 1 | | | | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) | Bldg. Age 1948 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Danvic Contracting LLC | | | | | | |
| Street Address | | Street Address 240 South 5th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elizabeth, NJ 07206 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 908-906-4123 | | | | | | |
| Start Date (10) 10/26/2019 | | Scheduled Completion Date (11) 10/31/2019 | License No. 01355 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Iris Environmental Laboratories, Inc. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 | 150 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Danvic Contracting LLC. | | NJDEP Waste Hauler ID No. 37574 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Elizabeth, New Jersey | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Jeymy Donneys | | Title Owner | Signature | | | Date 10/10/2019 | | | |

State of New Jersey - Notification of Asbestos Abatement

Inv# 15489

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



| | | | |
|---|---|---|--|
| Date of Notification (1) October 9, 2019 | | Name of Building Owner/Operator (2) BASF Catalysts | |
| Agencies Notified X EPA DCA xDOL X DEP xDOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | Street Address 25 Middlesex Turnpike |
| | | | City, State, Zip Code Iselin, NJ 08830 |
| | | Name of Contact Kyle Smith | Telephone Number 732.205.7664 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) BASF Catalysts | | 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.) Sq. Feet: Unknown # of Floors: Bldg. Age: 60 years | |
| Street Address 25 Middlesex Turnpike | | Current Use (prior if being demolished): | |
| City (5) Iselin | County (6) Middlesex | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. | | ASCM No. 00079 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 20-21 Wagaraw Road, Bldg # 35 E | | Street Address 511 MAIN STREET | |
| City, State, Zip Code Fairlawn, NJ 07410 | | City, State, Zip Code Butler, NJ 07405 | |
| Project Manager for Monitoring Firm Fred Larson | Telephone Number 973-636-9145 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) October 28, 2019 | Scheduled Completion Date (11) December 31, 2019 | Name of OSHA Monitor EMSL inc. | |
| 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: | | Street Address 1056 Stelton Road | |
| | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 | | Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Laboratory # 109F Laboratory #112 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic VAT & Mastic | Amount (Specify SF or LF) 500 sf 1,000 sf |
| | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 40 | Name of Registered Landfill Fairless Landfill/ Grand Central Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561 | | Disposal Date December 31 2019 | City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265 |
| Hauler #2) Newark Carting, Inc. Newark, NJ 04509, NJ DEP # 19551 | | | |
| Completed by (Print or Type) Marin Graure | Title Sr. Project Manager | Signature <i>Marin Graure</i> | Date October 9, 2019 |

GAC # 2019-680

18.10.2019 10:08 AM A. Mac Contracting

2012620321

PAGE. 2/ 3

INV# 15418
OK 1303 PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:26)

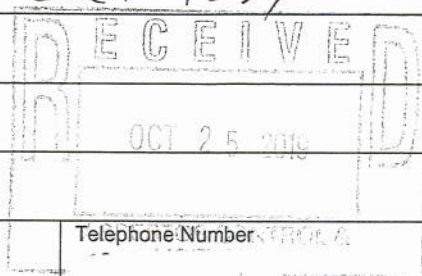
DOL-10 DAY
Check # 1303
LICENSING
WALVER APPROVED

| | | | | | | | | | |
|---|--|---|--|---|-------------------------|---------|-------|----------|----------|
| Date of Notification (1) 10/18/19 | | Name of Building Owner/Operator (2) GOLDBERG REALTY ASSOCIATES | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 33 CLINTON ROAD #202 | | City, State, Zip Code WEST CARROLL, NJ 07001 | | | | | | | |
| Name of Contact JURGE TAYLOR | | Telephone Number 732-637-2654 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 85 VAN ALSTED | | Squares Feet 8000 | | | | | | | |
| City (6) JERSEY CITY | | # of Floors 3 | | | | | | | |
| County (8) Hudson | | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (5) ABCM No. | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | | |
| Street Address 185 Vreeland Ave. | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | | Telephone No. 201-282-6841 | | | | | | | |
| Start Date (10) 10/18/19 | | Scheduled Completion Date (11) 10/25/19 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____ | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| Street Address 280 Huyler Street | | City, State, Zip Code Hackensack, NJ 07609 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 30 or more sq ft <input type="checkbox"/> 100 or more sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exhausted and Non-Friction Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify sq ft or lb) | Abatement Type | | | | |
| | Yes | No | | | N/A | Initial | Final | Complete | Continue |
| Basement Room | | | PIPE | 30 LB | X | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJ DEP Waste Hauler ID No. 04809 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 10/18/19 on | | City, State Pen Argyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | Signature R. McDonald | | Date 10/18/19 | | | | |

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

INV# 15479 PAID

CK # 1257

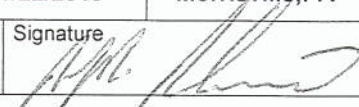


| | | | | | | | | | |
|--|---|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/22/2019 | | Name of Building Owner/Operator (2) Moshe Zyndorf | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| | | Name of Contact Moshe | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Fair Lawn | | Bldg. Age | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Removal Safety LLC | | | | | | |
| Street Address | | Street Address 8 Crosby Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07502 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-400-8711 | | | | | | |
| | | | License No. 01332 | | | | | | |
| Start Date (10) 10/31/2019 | Scheduled Completion Date (11) 11/06/2019 | Name of OSHA Monitor Same as (9) | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm | | 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | Pipe insulation | 230 LF | x | | x | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Removal Safety LLC | | NJDEP Waste Hauler ID No. 0037007 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless | | | | | |
| City, State Paterson, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Lasko Veskov | | Title President | Signature <i>Lasko Veskov</i> | | | Date 10/22/2019 | | | |

INV# 15532 PAID
CK 1853

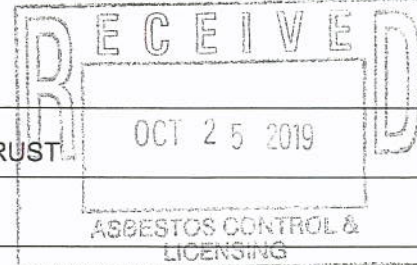
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK #1253

| | | | | | | | | | | | | |
|--|--|---|--------------------------|--|--|--|---------------------------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 23 / 19 | | Name of Building Owner/Operator (2) Verizon | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 25 2019 </div> | | | | | | | | |
| 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 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Joseph Hanley | | Telephone Number 301-802-5112 | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | | | 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 95 William Street | | | | | | | | | | | | |
| City (5) Newark, NJ 07102 | | | | Square Feet 5,000 | | # of Floors 1 | | | | | | |
| | | Bldg. Age 50 | | | | | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc. | | ASCM No. | | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | | | | |
| Street Address 8436 Enterprise Avenue | | | | Street Address 47 Foster Road | | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | | | City, State, Zip Code Staten Island NY 10309 | | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | | Telephone No. 718-605-6256 | | License No. 00774 | | | | | | |
| Start Date (10) 11 / 02 / 19 | | Scheduled Completion Date (11) 11 / 15 / 19 | | Name of OSHA Monitor Testor Tech | | | | | | | | |
| 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: 5:00PM-1:30AM | | | | Street Address 10 59 Jackson Avenue | | | | | | | | |
| | | | | City, State, Zip Code LIC NY 11101 | | | | | | | | |
| 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 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 |
| 3rd Floor A/C Room | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | | 35 LF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | | Cubic Yards of Waste 10 | | Name of Registered Landfill G.R.O.W.S., Inc. | | | | | | |
| City, State Newark, NJ | | | | Disposal Date 11/22/2019 | | City, State Morrisville, PA | | | | | | |
| Completed By (Print or Type) Ralph Barnhardt | | Title Project Manager | | Signature  | | | | Date 10-23-19 | | | | |

INV# 15533
OK 5785 PAID

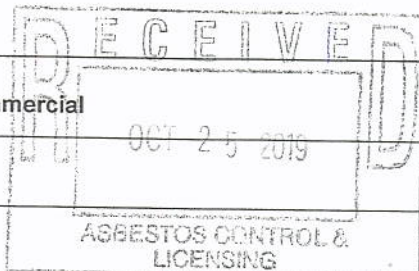
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10-23-19 | | Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1626 E. JEFFERSON STREET City, State, Zip Code ROCKVILLE, MD 20852 | | | | | | |
| | | | Name of Contact RIC WOODIE 20852 | | | | | | |
| | | Telephone Number 301-998-8286 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA SPACE 19 (NEXT TO CHUCKECHEESE) <i>LA Fitness Space 4</i> | | 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 100 CEDARBRIDGE AVENUE | | Square Feet 6000 | # of Floors 1 | | | | | | |
| City (5) BRICK | | Bldg. Age +/-50 | | | | | | | |
| County (6) OCEAN | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES | | Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES | | | | | | | |
| Street Address 700 TURNER WAY | | Street Address 2251 FRALEY STREET | | | | | | | |
| City, State, Zip Code ASTON, PA 19014 | | City, State, Zip Code PHILADELPHIA, PA 19137 | | | | | | | |
| Project Manager for Monitoring Firm DON HEIM | | Telephone No. 610-787-0402 | Telephone No. 215-533-5155 | | | | | | |
| License No. 01166 | | | | | | | | | |
| Start Date (10) 11-4-19 | | Scheduled Completion Date (11) 11-8-19 | | | | | | | |
| Name of OSHA Monitor VERTEX COMPANIES | | | | | | | | | |
| 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 700 TURNER WAY City, State, Zip Code ASTON, PA 19014 | | | | | | | |
| Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Retail area | | | X | 9" floor tile/mastic | 1200sf | x | | | |
| Retail area | | | x | residual mastic | 400sf | x | | | |
| Exterior | | | x | transite panels | 400sf | x | | | |
| space 6 columns and walls | | | x | mirror mastic | 350sf | x | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Minerva | | | | | |
| City, State Yardley, PA | | Disposal Date | | City, State Libson, OH | | | | | |
| Completed by Jennifer Niven | | Title Dir. of Operations | | Signature | | Date 10-23-19 | | | |

INV# 15536
CK 18797 PAID

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

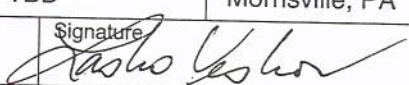


| Date of Notification (1) 10 / 11 / 19 | | Name of Building Owner/Operator (2) Shadrall Moorestown, LP - Metro Commercial | | | | | | | |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 307 Fellowship Road, STE 300 | | | | | | | |
| | | City, State, Zip Code Mt. Laurel, NJ 08054 | | | | | | | |
| | | Name of Contact Adam Wolosky | Telephone Number 856-222-3058 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Kmart Moorestown | | 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 401 Route 38 | | Square Feet 100,000 | # of Floors 1 | | | | | | |
| City (5) Moorestown, NJ 08057 | | Bldg. Age 45 | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Vertex | | ASCM No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | |
| Street Address 700 Turner Way | | Street Address 550 East Union St. | | | | | | | |
| City, State, Zip Code Aston, PA 19014 | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone No. 610-558-8902 | License No. 00508 | | | | | | |
| Start Date (10) 10 / 14 / 19 | Scheduled Completion Date (11) 11 / 29 / 19 | Name of OSHA Monitor AET | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM | | Street Address 28 N. Pennel Road | | | | | | | |
| | | City, State, Zip Code Media, PA 19063 | | | | | | | |
| 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 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 |
| Main Sales Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile / Mastic | 70,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Exterior Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expansion Joint Caulk | 120 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vibration Damper | 8 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete Vault | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Glue Dots | 50 SF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Richard Burns & Co | | NJDEP Waste Hauler ID No. 19955 | Cubic Yards of Waste 100 | Name of Registered Landfill Western Berks Community Landfill | | | | | |
| City, State Phila., PA | | Disposal Date TBD | | City, State Birdsboro, PA | | | | | |
| Completed By (Print or Type) Mark Griffin | | Title Estimator | | Signature | | Date 10/11/19 | | | |

Inv# 15537 PAID

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

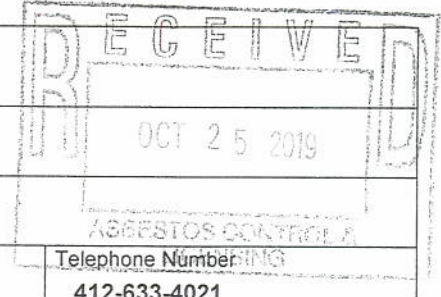
ck # 1256

| Date of Notification (1) 10/22/2019 | | Name of Building Owner/Operator (2) Moshe Zyndorf | | | | | | | |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| | | Name of Contact Moshe | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private residence | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Fair Lawn | | Square Feet | # of Floors | | | | | | |
| County (6) Bergen | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) | | | | | | |
| Street Address | | Removal Safety LLC | | | | | | | |
| City, State, Zip Code | | Street Address 8 Crosby Ave | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Paterson, NJ 07502 | | | | | | | |
| Telephone No. | | Telephone No. 973-400-8711 | License No. 01332 | | | | | | |
| Start Date (10) 10/31/2019 | Scheduled Completion Date (11) 11/06/2019 | Name of OSHA Monitor Same as (9) | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm | | 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe insulation | 240 LF | X | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Removal Safety LLC | | NJDEP Waste Hauler ID No. 0037007 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless | | | | | |
| City, State Paterson, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Lasko Veskov | | Title President | Signature  | | | Date 10/22/2019 | | | |

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

Inv# 15538 **PAID**

chk #3644



| | | | |
|--|--|--|--|
| Date of Notification (1) 10 / 21 / 19 | | Name of Building Owner/Operator (2) Verizon Communications | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021 | |

| | | | |
|--|--|--|------------------|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O. | | 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 76-90 North Pearl Street | | | |
| City (5) Bridgeton | | Square Feet 25,287 | # of Floors 2 |
| County (6) Cumberland | | Bldg. Age +50 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Verizon | |

| | | | | |
|--|-------------------------------|--|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | 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) 10 / 31 / 19 | Scheduled Completion Date (11) 11 / 1 / 19 | 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 | |

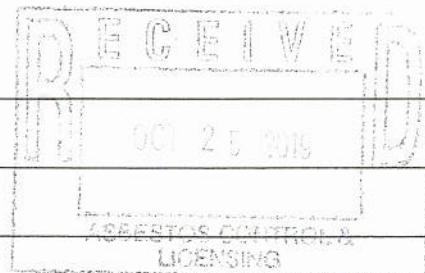
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input 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) 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Caulk | 40 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 SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State YARDLEY, PA | | Disposal Date TBD | City, State WAYNESBURG, OH | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature Dillan DeCaro | Date 10-21-19 | | |

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



| | | | |
|---|--|--|-------------------------|
| Date of Notification (1) 09/27/2019 | | Name of Building Owner/Operator (2) BRIAN MC. GARRITY | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input 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 CALDWELL NJ. | |
| | | Name of Contact BRIAN MC. GARRETY | Telephone Number --- |

| 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 1,769. SF | # of Floors 1 |
| City (5) CALDWELL NJ. | | Bldg. Age 98 | |
| County (6) <i>Essex</i> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) N/A | |
| Name of Monitoring Firm Hired by Building Owner (8) <i>N/A</i> | | ASCM No. _____ | |
| Street Address | | Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC. | |
| City, State, Zip Code | | Street Address 4919 BERENLINE AVE. | |
| Project Manager for Monitoring Firm | | City, State, Zip Code WEST NEW YORK NJ. 07093 | |
| Telephone No. _____ | | Telephone No. 201- 776 -0642 | License No. 01300 |
| Start Date (10) 09/28/2019 | Scheduled Completion Date (11) 09/28/2019 | 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 307W. 38ST. | |
| | | City, State, Zip Code NEW YORK N.Y. | |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | X | | FLOOR TILE | 350. SF. | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler TRI STATE ASSOCC | NJDEP Waste Hauler ID No. 19951 | Cubic Yards of Waste TBD | Name of Registered Landfill MINERVA ENTERPRISE INC |
| City, State BRONX NEW YORK | | Disposal Date TBD | City, State WAYNESBURG OHIO |
| Completed by CARLOS ESQUIVEL | Title SAFETY MANAGER | Signature | Date 09/27/2019 |