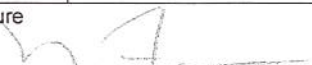


PAID

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


Inv# - 14875

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Halidon, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 205 Old Corlies Avenue							
		City, State, Zip Code Neptune, NJ 07753							
		Name of Contact Chris Frew	Telephone Number 732-991-0511						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800 sf							
City (5) Lavallette		# of Floors 1	Bldg. Age 65						
County (6) Ocean		County Code (7) (STATE USE ONLY) 08735							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 19 / 19	Scheduled Completion Date (11) 09 / 20 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
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		City, State, Zip Code Piscataway, New Jersey 08854							
<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) 1800 sf	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 09/20/19	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 9/5/19				

PAID

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

Inv# 14874

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Walters Residential							
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 [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 # of Floors 1 Bldg. Age 65							
City (5) Surf City	County (6) Ocean	County Code (7) (STATE USE ONLY) 08008	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 23 / 19	Scheduled Completion Date (11) 09 / 24 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	970 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 09/24/19	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/5/19			

PAID

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

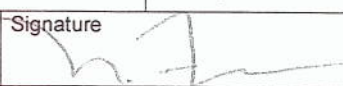
Inv# 14273

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Walters Residential							
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 [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800 sf # of Floors 2 Bldg. Age 65							
City (5) LB Twp.		County Code (7) (STATE USE ONLY) 08008							
County (6) Ocean		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 09 / 17 / 19		License No. 00624							
Scheduled Completion Date (11) 09 / 19 / 19		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos transite skirt	250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 1		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 09/19/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 9/5/19			

PAID

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

Inv# - 14270

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Steve Bonura							
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 [REDACTED]							
		City, State, Zip Code North Brunswick, NJ 08902							
		Name of Contact Steve Bonura	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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 700 sf							
City (5) Seaside Park		# of Floors 1	Bldg. Age 65						
County (6) Ocean		County Code (7) (STATE USE ONLY) 08752							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 18 / 19	Scheduled Completion Date (11) 09 / 20 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 700 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 09/20/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/5/19		

Check No.
1180

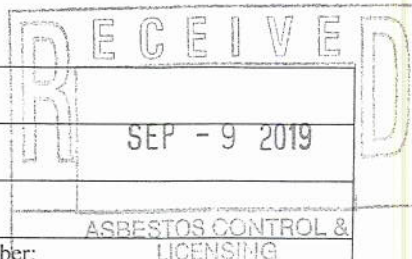
PAID

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Inv# 14271




Date of Notification (1): 09/05/2019		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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: 190 Muhammad Ali Avenue Room 209							
	City, State, Zip Code: Newark, NJ 07108								
	Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200							
FACILITY INFORMATION									
Name of Facility: Newark Vocational High 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.)							
301 West Kinney Street		Square Feet: # of Floors:							
City/ (5) Newark	County (6): Essex	County Code (7): 07103	Bldg. Age Current Use: School						
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: 1253 North Church Street		Street Address: 358 Broadway							
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: James A. Guillard		Telephone No.: 609-314-1683	Telephone No.: (973) 350-0101 License No.: 01215						
Start Date (10): 9/16/19	Scheduled Completion Date (11): 10/04/19		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 Describe: <input type="checkbox"/> Other Describe:		Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018							
Scope of Work (Check all that apply): <input 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 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	Encapsulat	Enclosure
GROUND FLOOR		X		ACOUSTICAL CEILING PLASTER	6,200 SF	*			*
GROUND FLOOR		X		WALL CERAMIC TILE & MORTAR	3,655 SF	*			*
GROUND FLOOR		X		PIPE INSULATION	1,500 SF	*			*
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 04509		Cubic Yards of Waste: 30	Name of Registered landfill: Gran Central Sanitary Landfill.				
City, State: Hillside, NJ 07205		Disposal Date:		City, State: Pen Argyl PA 18072					
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 09/5/2019			

PAID

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

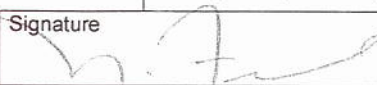
Inv#-14270

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Monmouth County Park System							
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 805 Newman Springs Road							
		City, State, Zip Code Lincroft, NJ 07738							
		Name of Contact John Eisemann	Telephone Number 732-766-1929						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Swimming River Park-Former Chris Deli		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 507 West Front Street		Square Feet 900	# of Floors 1						
City (5) Red Bank		Bldg. Age 65							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Shed							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 16 / 19	Scheduled Completion Date (11) 09 / 19 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-shed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 09/19/19	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager		Signature 			Date 9/5/19			

PAID

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

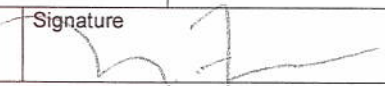
Inv# 14269

Date of Notification (1) 09 / 04 / 19		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 113 State Route 34							
		City, State, Zip Code Farmingdale, NJ 07727							
		Name of Contact John Sakoutis	Telephone Number 732-683-0600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Beach Haven	Square Feet 1800	# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 17 / 19	Scheduled Completion Date (11) 09 / 18 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 09/18/19	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 9/4/19			

PAID

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

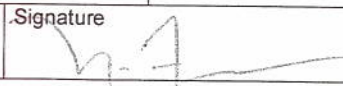
Inv#-142608

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) TAKK Enterprises							
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 1358 Hooper Avenue, Suite 110							
		City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Tom	Telephone Number 732-270-0555						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lavallette	County (6) Ocean	Square Feet 800 sf	# of Floors 1 Bldg. Age 65						
County Code (7)(STATE USE ONLY) 08735		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 18 / 19	Scheduled Completion Date (11) 09 / 19 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 09/19/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/5/19		

PAID

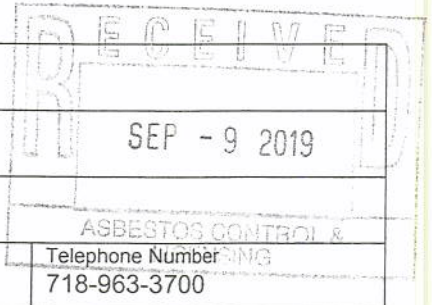
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Inv#-14567

Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Homeworks Construction		37318					
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 1092 Bandon Road City, State, Zip Code Toms River, NJ 08753 Name of Contact Paul Day					
				Telephone Number 732-703-4341					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 1350 sf					
City (5) Bay Head				# of Floors 1					
County (6) Ocean				Bldg. Age 65					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932					
Start Date (10) 09 / 19 / 19		Scheduled Completion Date (11) 09 / 20 / 19		License No. 00624					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Name of OSHA Monitor E.M.S.L. Analytical					
Street Address 1056 Stelton				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 1350 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey				Disposal Date 09/20/19		City, State Tullytown, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/5/19			

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

PAL JOB# 19-1399 New Start Date



Date of Notification (1) 09/05/2019		Name of Building Owner/Operator (2) Patti & Sons, Inc.	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code Brooklyn, NY 11249 Name of Contact Nicholas Patti Jr. Telephone Number 718-963-3700
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	8 Berry Street	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 37 West 21st Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Linden	Square Feet 10000	# of Floors 1	Bldg. Age 50+
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) BSI Services and Solutions (NYC) Inc.		Name of Abatement Contractor (9) PAL Environmental Services	
Street Address 141 West 36th Street 3rd Floor		Street Address 11-02 Queens Plaza South	
City, State, Zip Code New York, NY 10018		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm Charles Cortalano		Telephone No. 718-349-0900	License No. 00853
Start Date (10) 09/09/2019	Scheduled Completion Date (11) 12/05/2019	Name of OSHA Monitor Wojciech Kowalczyk	
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street	
<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 Rockaway Park, NY 11694	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
1st		X		Floor Tile	130	X			
Roof		X		Roofing Membrane	180	X			
Roof		X		Flashing	65	X			

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967	Disposal Date 09/10/2019	City, State Waynesburg, OH 44688	
Completed by Ann A. Ali	Title Compliance Admin	Signature 	Date 09/05/2019

PAID

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

Inv# 14201

Check # 2179

Date of Notification (1) September 4, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP - 9 2019 ASBESTOS CONTROL & </div>	
Agencies Notified	Type Notification	Street Address 601 North Wood Avenue			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Cancellation	City, State & Zip Code Linden, NJ 07036			
		Name of Contact Tom Ashman			
<div style="text-align: center;"> TELEPHONE NUMBER 607-624-9548 </div>					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			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, home, etc.)		
Street Address 601 North Wood Avenue			Square Feet 3,000		
City (5) Linden			# of Floors 1		Bldg. Age 60
County (6) Union			Current Use (Prior if being demolished) Bank		
County Code (7) USE ONLY					
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.			ASCM No.		
Street Address 27-01 Queens Plaza North, Ste 800			Name of Abatement Contractor (9) Synatech, Inc.		
City, State & Zip Code Long Island City, NJ 11101			Street Address 829 Radio Road		
Project Manager for Monitoring Firm Victor Cheban			Telephone Number 718-446-0116		License Number 00817
Scheduled Start Date (10) September 14, 2019		Scheduled Completion Date (11) October 29, 2019		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Teller Line / Customer Service Area		X		Floor Tile 1,700 SF	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 14	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 30, 2019		Name of Registered Landfill Fairless Hills	
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>	
				Date September 4, 2019	

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

PAID

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

Inv#- 14200

Check # 2180

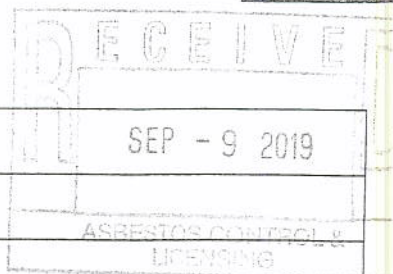
Date of Notification (1) September 4, 2019		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Cancellation	Street Address 315 Madison Avenue City, State & Zip Code Lakewood, NJ 08701 Name of Contact Tom Ashman	

RECEIVED
SEP - 9 2019
ASBESTOS CONTROL &

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)							
Street Address 315 Madison Avenue		Square Feet 10,000	# of Floors 2						
City (5) Lakewood		Bldg. Age 55							
County (6) Ocean		Current Use (Prior if being demolished) Bank							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.							
Street Address One Lincoln Center - 110 West Fayette Street, Ste. 300		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code Syracuse, NY 13202		Street Address 829 Radio Road							
Project Manager for Monitoring Firm Bret Jennings		Telephone Number 570-422-1379	License Number 00817						
Scheduled Start Date (10) September 14, 2019	Scheduled Completion Date (11) October 29, 2019	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lobby, Sales Platform, Office, Teller Line			X	Carpet Mastic	3,000 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 14	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date October 30, 2019		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator	Signature <i>Diane Aloia</i>			Date September 4, 2019			

*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) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC		SEP - 9 2019	
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 N Michigan Ave, Suite 1630 City, State, Zip Code Chicago, IL 60611 Name of Contact Genaro Holguin Telephone Number 312-796-6593	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station			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 Dutfield Avenue			Square Feet 627,470		
City (5) Jersey City			# of Floors 10		Bldg. Age 55
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power Plant	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Precision Environmental Company	
Street Address		Street Address 5500 Old Brecksville Rd			
City, State, Zip Code		City, State, Zip Code Independence, Ohio 44131			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 216-642-6040	
Start Date (10) 9-10-19		Scheduled Completion Date (11) 12-20-19		License No. 01212	
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 Precision Environmental Company			
		Street Address 5500 Old Brecksville Rd			
		City, State, Zip Code Independence, Ohio 44131			
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 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)
	Yes	No	N/A		
SEE ATTACHED LIST					
Name of Registered Waste Hauler Delaware Valley Container		NJDEP Waste Hauler ID No. 12838		Cubic Yards of Waste 900	
City, State Redding, PA		Disposal Date		Name of Registered Landfill Cumberland County Landfill	
Completed by John Savage		Title Vice President		Signature <i>John Savage</i>	
				Date 8-30-19	

Hudson Generating Station

Building	Square Feet	No. of Floors
Bottom Ash Transport	720	1
Intake Structure	900	1
Barge Unloader	300	1
Conveyor & Transfer House	150	1
P1 - Storage Building	1,900	1
P2 - Coal Conveyor	7,500	1
P2 - Coal Handling Structure	2,000	1
P3 - Service / Office Building	15,500	2
P3 - Locker Room Building	7,500	2
P3 - Turbine Building	6,000	1
P3 - Unit 1	215,000	10
P3 - Unit 2	370,000	10

Bottom Ash Transport
No Asbestos Reported

QTY

Category

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

Conveyor & Transfer House
No Asbestos Reported

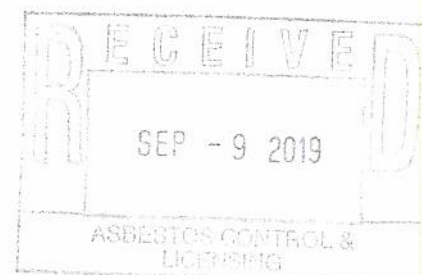
P1 - Storage Building
No Asbestos Reported

P2 - Coal Conveyor
No Asbestos Reported

P2 - Coal Handling Structure
No Asbestos Reported

P3 - Service / Office Building

Duct Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II




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

New completion Date. 9/13/19

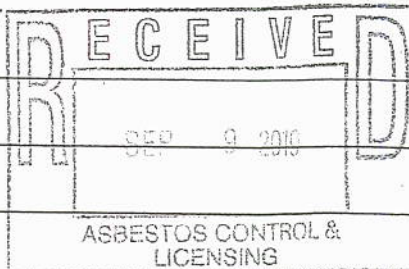
RECEIVED

SEP 9 2019

ASBESTOS CONTROL &

Date of Notification (1) 7/8/19		Name of Building Owner/Operator (2) Union County College							
Agencies Notified	Type Notification	Street Address 1033 Springfield Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford NJ 07016							
		Name of Contact Robert Hogan	Telephone Number 908-709-7060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Health Technology Building Union County College		Type of Facility (4)							
Street Address 1776 Raritan Road		<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.)							
City (5) Scotch Plains NJ 07076		Square Feet 10000+	# of Floors 3						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 003	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 N Church St		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	License No. 00727						
Start Date (10) 7/22/19	Scheduled Completion Date (11) 9/6/19 9/13/19		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) Rm 440	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) Fume Hood Transite	Amount (Specify SF or LF) 64 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Rm 528		x		Fume Hood Transite	128 SF SF	x			
Ground Floor		x		Ceiling Tile	4630 SF	x			
1st Floor		x		Ceiling Tile	8230 SF	x			
2nd Floor		x		Ceiling Tile	7883 SF	x			
Name of Registered Waste Hauler Two Brothers Con		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Totowa NJ			Disposal Date 9/13/19	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 		Date 7/8/19				

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



Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) Ray Thomas 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 Surf City NJ 08008							
		Name of Contact Ray	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ray Thomas 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 3						
City (5) Surf City NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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 James Guilardi		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/18/19	Scheduled Completion Date (11) 9/27/19	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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/5/19		

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

INV# 13898 PAID

CH# 38

RECEIVED	
SEP 9 2019	
ASBESTOS CONTROL & REMEDIATION	

Date of Notification (1) 08 / 12 / 19		Name of Building Owner/Operator (2) Sam Obara	
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 1064 Industrial Drive City, State, Zip Code West Berlin, NJ 08091	
		Name of Contact Sam Obara Telephone Number 781-606-5855	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse		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 1560 NW Blvd. Vineland, NJ.			
City (5) Vineland, NJ.		Square Feet 50,000	# of Floors 1
County (6) Cumberland County		Bldg. Age 1959	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse Building	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address		Street Address 958 Jackson Rd		
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-561-1901	License No. 01158
Start Date (10) 08 / 22 / 19	Scheduled Completion Date (11) 09 / 30 / 19		Name of OSHA Monitor Graham-Tech Environmental Services, 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: 7AM-11:30PM / ____ PM-____ AM			Street Address 958 Jackson Rd	
			City, State, Zip Code Mays Landing, NJ 08330	

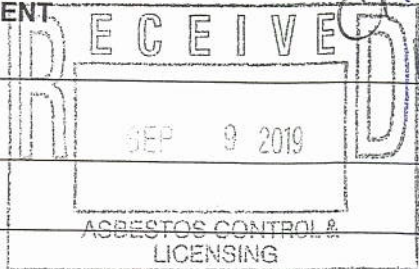
Scope of Work (Check all that apply)

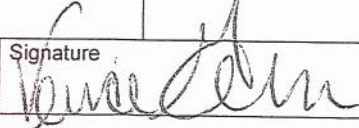
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Throughtout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Window Glazing	16SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor far left office area, 1st Floor Center Office, 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Wall Plaster	1,000SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Flue Packing	1SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing	
City, State		Disposal Date		City, State	
Completed By (Print or Type) Vernice Graham	Title President	Signature <i>Vernice Graham</i>		Date 8-13-19	

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



Date of Notification (1) 09 / 03 / 19		Name of Building Owner/Operator (2) Mr. T							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Haddonfield NJ 08033 Name of Contact Mr. T							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 2,800							
City (5) Haddonfield NJ 08033		# of Floors 3	Bldg. Age 1945						
County (6) Camden County	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
City, State, Zip Code		Street Address 958 Jackson Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Mays Landing, NJ 08330							
Telephone No.		Telephone No. 609-561-1901	License No. 01158						
Start Date (10) 09 / 13 / 19	Scheduled Completion Date (11) 10 / 25 / 19	Name of OSHA Monitor Graham-Tech Environmental Services, 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: 7AM-11:30PM / ____PM-____AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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/ Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	70SqFt	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneern Crossing					
City, State		Disposal Date		City, State					
Completed By (Print or Type) Vernice Graham		Title President		Signature 			Date 9-3-19		

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



Date of Notification (1) 09/03/2019		Name of Building Owner/Operator (2) Rachel Isaacs							
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 Elizabeth, NJ 07208							
		Name of Contact Javier Matallana	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 09/13/2019		Scheduled Completion Date (11) 09/14/2019							
Name of OSHA Monitor D&S Abatement, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren 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: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature [Signature]		Date 09/03/2019			

INV# 14124

B & G proj. #: 2019-211

PAID

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

Check #9530

Date of Notification (1) 10/18/13 10/11/19		Name of Building Owner/Operator (2) Millburn Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 9 2019 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified	Type Notification	Street Address 434 Millburn Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ 07041		
		Name of Contact Paul McDevitt		
		Telephone Number 201-247-1707		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Millburn Education Center (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 434 Millburn Avenue			Square Feet	# of Floors
City (5) Millburn, NJ 07041	County (6) Essex	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 0127	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1248 Wrights Lane		Street Address 105 Ryerson Road		
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Matthew Abraham		Phone Number 610-996-3515	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 08/30/2019	Sched. Completion Date (11) 09/03/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
Assistant Superintendent Ofc.			<input checked="" type="checkbox"/>	VAT & mastic	168 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/03/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/30/2019

Inv# 14126

B & G proj. #: 2019-212

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

Check # 9536

Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) Sparta School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> DECEIVED SEP 9 2019 ASBESTOS CONTROL & RESTORATION, INC. TELEPHONE NUMBER 973-729-9794 </div>
Agencies Notified	Type Notification	Street Address 18 Mohawk Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Sparta, NJ 07871		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Chris Tappan		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-729-9794		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sparta High School (NON Sub chapter 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 70 West Mountain Road			Square Feet # of Floors Bldg. Age		
City (5) Sparta, NJ	County (6) Sussex	County Code (7) (State use only)	Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Matthe		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 08/31/2019		Sched. Completion Date (11) 09/04/2019	License Number 00378		
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

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

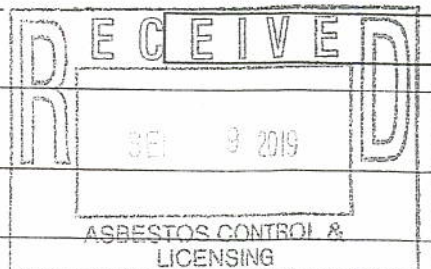
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Room 120			<input checked="" type="checkbox"/>	transite sky light	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 122			<input checked="" type="checkbox"/>	transite sky light	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 124			<input checked="" type="checkbox"/>	transite sky light	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 126			<input checked="" type="checkbox"/>	transite sky light	15 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 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/04/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/30/2019

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

Check#3422

Date of Notification (1) 09 / 03 / 19		Name of Building Owner/Operator (2) Amy Green	
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 [REDACTED] City, State, Zip Code North Haledon, NJ 07508	
		Name of Contact Dennis Chinaea	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) North Haledon, NJ 07508		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 09 / 14 / 19	Scheduled Completion Date (11) 09 / 16 / 19	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure	
<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"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room-front wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining room-back wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature [Signature]		Date 09/03/19	


ASB-41

MAY 11

* 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)

Check 19238

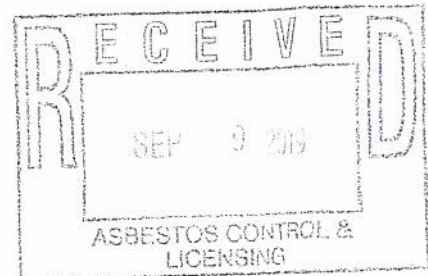
Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stanhope, NJ 07874	
		Name of Contact Phil Sabatino	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Diner		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 26 Route 206		Square Feet 5000	# of Floors 1
City (5) Stanhope		Bldg. Age 60	
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) business	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 9/18/19	Scheduled Completion Date (11) 9/27/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
See Attached Listing			X
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD
City, State Newark, NJ		Name of Registered Landfill Grand Central Sanitary Landfill	
		Disposal Date TBD	City, State Pen Argyl, PA
Completed by A. Scott Higgins	Title President	Signature 	Date 9/4/19

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

26 Route 206
Stanhope, NJ

ASBESTOS REMOVAL



ASBESTOS MATERIAL

AMOUNT

THE DINER

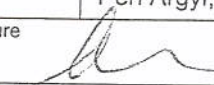
12"x12" tan VAT,	360 SF
Ceramic VAT floor	200 SF
Window glazing	180 LF
Transite siding	1,100 SF
Roofing	3,100 SF
Flashing	300 SF
Duct tar	500 SF

ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

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

TRV# 14259 PAID **Check 19240**

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stanhope, NJ 07874							
		Name of Contact Phil Sabatino	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]		Square Feet 2500	# of Floors 2						
City (5) Stanhope		Bldg. Age 60							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/26/19	Scheduled Completion Date (11) 9/27/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing			X			X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 9/4/19	

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

26 Route 206
Stanhope, NJ

ASBESTOS REMOVAL

<u>ASBESTOS MATERIAL</u>	<u>AMOUNT</u>
<u>RESIDENCE & SHED</u>	
<i>1x1 floor tile</i>	<i>200 SF</i>
<i>Linoleum</i>	<i>500 SF</i>
<i>Black sink undercoat</i>	<i>20 SF</i>
<i>Window glazing</i>	<i>300 SF</i>
<i>Flooring material</i>	<i>800 SF</i>

ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

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

LN# 14206 PAID **Check 19239**

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios	
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 Stanhope, NJ 07874	
		Name of Contact Phil Sabatino	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Auto Parts Store		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 26 Route 206		Square Feet 3000	# of Floors 1
City (5) Stanhope		Bldg. Age 60	
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) business	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 9/23/19	Scheduled Completion Date (11) 9/27/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-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 Listing			x			x			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 9/4/19

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

26 Route 206
Stanhope, NJ

ASBESTOS REMOVAL

ASBESTOS MATERIAL

AMOUNT

AUTO PARTS STORE

<i>1x1 VAT</i>	<i>30 SF</i>
<i>1x1 VAT</i>	<i>810 SF</i>
<i>Mastic</i>	<i>350 SF</i>
<i>Roofing</i>	<i>2,100 SF</i>
<i>Miscellaneous tar</i>	<i>400 SF</i>
<i>Boiler</i>	<i>35 SF</i>

ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

CK # 2150
TNN#14262

PAID

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

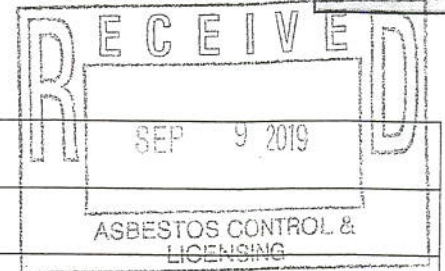
Print Form



Date of Notification (1) 08-31-19		Name of Building Owner/Operator (2) DCR Development Corp.							
Agencies Notified	Type Notification	Street Address 1214 Anderson Ave.							
<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 Fort Lee, NJ 07204							
		Name of Contact Dave Lorenzo							
		Telephone Number (551) 486-0560							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Palisades Park		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 09-11-19	Scheduled Completion Date (11) 09-16-19	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 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
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 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	320 SF	x			
Exterior		x		Siding	4,000 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 09-16-19	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager		Signature 			Date 08-31-19		

CK# 8724
 INV#14263 PAID

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

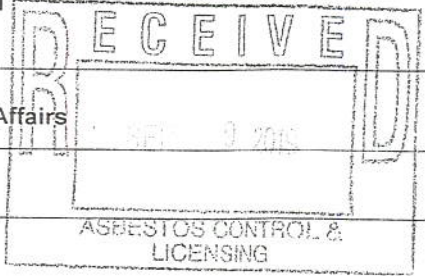


Date of Notification (1) 09/05/19		Name of Building Owner/Operator (2) Windsor Enviromental Corp.							
Agencies Notified	Type Notification	Street Address 10909 Avenue K							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Brooklyn, NY, 11230							
		Name of Contact Windsor Enviromental Corp.	Telephone Number 347-394-4411						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [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.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Garfield		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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No. 1200						
Start Date (10) 09/16/2019	Scheduled Completion Date (11) 09/19/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
INTERIOR				Mastic	75 SF	x			
INTERIOR				Vat and Mastic	275 SF	x			
INTERIOR				Mastic	30 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 09/19/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 09/0519			

ck# 6011 INV#14264

PAID

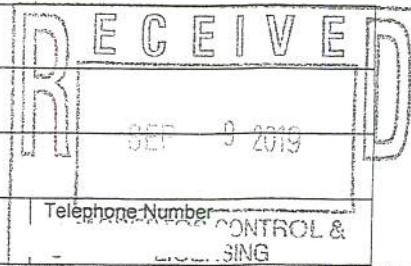
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 09 / 03 / 19		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs							
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 101 Eggerts Crossing Road							
		City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact William McBride	Telephone Number 609-530-7136						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrenceville Armory		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 101 Eggerts Crossing Road		Square Feet 50,000	# of Floors 2						
City (5) Lawrenceville		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Armory							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	License No. 00842						
Start Date (10) 09 / 12 / 19	Scheduled Completion Date (11) 09 / 17 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Shop Restroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	475 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 09/17/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>			Date 9/18/19		

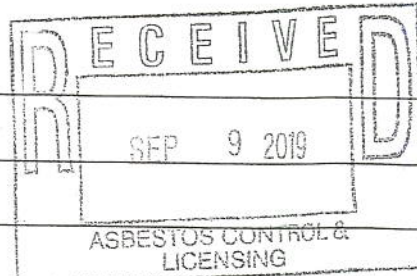
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck# 1175



Date of Notification (1) 9/3/2019		Name of Building Owner/Operator (2) private property	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville NJ	
		Name of Contact Marc Marsi	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private 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) Belleville		Square Feet 1000	# of Floors 2
County (6) Essex County		Bldg. Age +50	
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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384
Start Date (10) 9/5/2019	Scheduled Completion Date (11) 9/10/2019	Name of OSHA Monitor Iris Environmental Laboratories	
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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior pipe			x
			Asbestos Roof of Water tower 10 ft x 10 ft x 10 ft
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste
City, State Po Box 5670		Name of Registered Landfill ISES Bethlehem Rd Landfill	
Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA	
Completed by Galo Zumba	Title Principal	Signature [Signature]	Date 9/15/2019

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


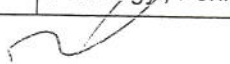


PAID **INV#14199** **OK1178**

Date of Notification (1) 9/3/2019		Name of Building Owner/Operator (2) John Frieri							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford NJ							
		Name of Contact John Frieri	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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) Cranford		Square Feet 850	# of Floors 1						
County (6) Union County		Bldg. Age +50							
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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 9/13/2019	Scheduled Completion Date (11) 9/17/2019	Name of OSHA Monitor Iris Environmental Laboratories							
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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Attic			X	Vermiculite	520SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature 				Date 9/3/2019	

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

09/03/19
PAID 09/03/19
09/03/19 #14166
OK 028320

Date of Notification (1) 09/03/19		Name of Building Owner/Operator (2) Larry Desind							
Agencies Notified		Type Notification							
<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							
Street Address [REDACTED]		City, State, Zip Code River Edge, NJ 07661							
Name of Contact Larry Desind		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			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) River Edge			Square Feet 2,000 +	# of Floors 2 +	Bldg. Age 50 +				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASC No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-628-9200	License No. 00408					
Start Date (10) 09/13/19		Scheduled Completion Date (11) 09/17/19		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 1141 Route 23						
<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 Wayne, NJ 07470						
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
Basement			X	Pipe Insulation	18 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 09/03/19			

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

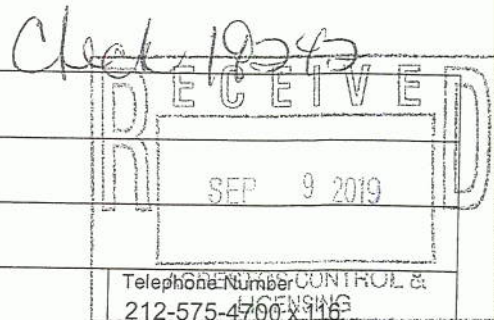
Inv# 14161 PAID

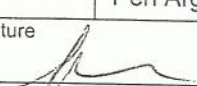
chk# 139

Date of Notification (1) 09 / 03 / 19		Name of Building Owner/Operator (2) 227 EAST HANOVER STREET LLC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 9 2019 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 80 Hamilton Ave Suite 101							
		City, State, Zip Code Trenton NJ							
		Name of Contact Michael Kennedy							
				Telephone Number 609-656-8300					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 227 EAST HANOVER STREET									
City (5) Trenton			Square Feet 2,500	# of Floors 4	Bldg. Age 1923				
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address			Street Address 958 Jackson Rd						
City, State, Zip Code			City, State, Zip Code Mays Landing, NJ 08330						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-561-1901		License No. 01158				
Start Date (10) 09 / 10 / 19		Scheduled Completion Date (11) 09 / 20 / 19		Name of OSHA Monitor Graham-Tech Environmental Services, 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: <u>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM			Street Address 958 Jackson Rd						
			City, State, Zip Code Mays Landing, NJ 08330						
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) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1200LF	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing					
City, State		Disposal Date		City, State					
Completed By (Print or Type) Vernice Graham		Title President	Signature <i>Vernice Graham</i>		Date 6-3-19				

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

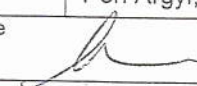
INV # 14289
 OK 9242 PAID



Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) Equity Management LLC							
Agencies Notified	Type Notification	Street Address 215 E 58th Street, Suite 3A							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Ryan Ramdeo	Telephone Number 212-575-4700 x 116						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. James Old 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 (i.e. private & commercial buildings, homes, etc.)							
Street Address 155 Jefferson Street		Square Feet 4000	# of Floors 5						
City (5) Newark		Bldg. Age 83							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/17/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
fourth floor			X	pipe fittings	20 LF	X			
fifth floor			X	floor tile	1,000 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/5/19			

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

Block 19241

Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) T. Slack Environmental Services, Inc.							
Agencies Notified	Type Notification	Street Address 180 Market Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kenilworth, NJ 07033							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Karen Lacey	Telephone Number 908-581-4285						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 Main Street		Square Feet 1600	# of Floors 1						
City (5) Matawan		Bldg. Age 83							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/16/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor			x	duct insulation	66 SF	x			
roof			x	roofing material	2,450 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/5/19			

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

ch# 131

INV# 13514

PAID

RECEIVED	
SEP 9 2019	
ASBESTOS CONTROL & REMEDIATION	
Telephone Number	

Date of Notification (1) 08 / 08 / 19		Name of Building Owner/Operator (2) Alan Woods							
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 [REDACTED] City, State, Zip Code West Deptford Township, NJ Name of Contact Eric Sutherland							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2031	# of Floors 2						
City (5) West Deptford Township, NJ		Bldg. Age 1959							
County (6) Gloucester County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address		Street Address 958 Jackson Rd							
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No. 856-429-5200	License No. 01158						
Start Date (10) 08 / 17 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor Graham-Tech Environmental Services, 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: 7AM-11:30PM/ PM- AM		Street Address 958 Jackson Rd City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Atic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Transite Chimmley	16SqFt	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing					
City, State		Disposal Date		City, State					
Completed By (Print or Type) Vernice Graham		Title President		Signature <i>Vernice Graham</i>		Date 8-8-19			

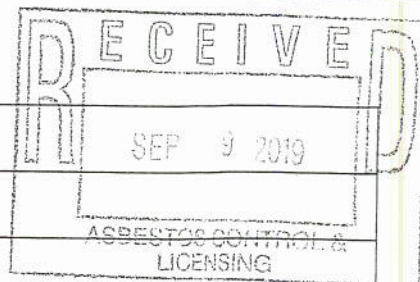
dk# 1976707267

Inv# 14288

PAID

Print Form

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

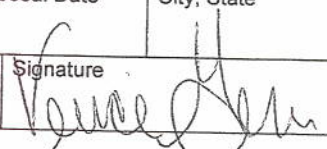


Date of Notification (1) 09/03/2019		Name of Building Owner/Operator (2) Matthew Woods							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Matthew Woods	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Maplewood		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. 01311						
Start Date (10) 09/16/2019	Scheduled Completion Date (11) 09/17/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren 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: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Basement		X		Pipe Insulation	50 LF	X			
Basement		X		Transit Boards	10 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 09/03/2019			

Inv# 14201
OK 130 PAID

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

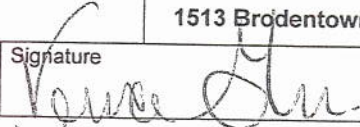
RECEIVED
SEP 9 2010
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>08</u> / <u>06</u> / <u>19</u>		Name of Building Owner/Operator (2) Jefferson Health Systems		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 9 2010 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 400 Laural Oak Rd			
		City, State, Zip Code Voorhees, NJ 08043				Name of Contact Eric Sutherland			
						Telephone Number 352-613-3312			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 141 White Horse Rd									
City (5) Aubudon, NJ 08106				Square Feet 10,000	# of Floors 3				
County (6) Camden		County Code (7)(STATE USE ONLY)		Bldg. Age 1920					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished) Medical Building					
Street Address		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
City, State, Zip Code		Street Address 958 Jackson Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Mays Landing, NJ 08330							
Telephone No. 888-715-2211		Telephone No. 609-561-1901		License No. 01158					
Start Date (10) <u>08</u> / <u>08</u> / <u>19</u>		Scheduled Completion Date (11) <u>08</u> / <u>15</u> / <u>19</u>		Name of OSHA Monitor Graham-Tech Environmental Services, 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: <u>7AM-11:30PM</u> / _____ PM- _____ AM				Street Address 958 Jackson Rd					
				City, State, Zip Code Mays Landing, NJ 08330					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	1LF	<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 Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing				
City, State				Disposal Date	City, State				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 8-6-19			

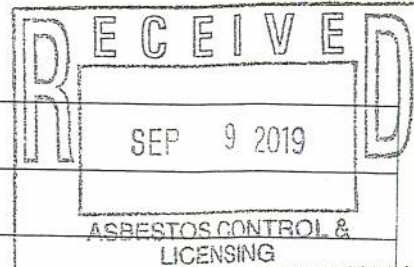
Inv#1418
CK137
PAID

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

Ch# 137

Date of Notification (1) <div style="text-align: center;">08 / 28 / 19</div>		Name of Building Owner/Operator (2) Camden City School District — Cramer Elementary School		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 9 2019 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2800 Mickle St. Camden, NJ 08105				
		City, State, Zip Code Camden, NJ 08105				Name of Contact Scold isanda				
						Telephone Number 856-966-4626				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Cramer Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2800 Mickle St. Camden, NJ 08104										
City (5) Camden, NJ 08104				Square Feet 1,600	# of Floors 3					
County (6) US; Camden CO.				County Code (7) (STATE USE ONLY)	Bldg. Age 1925					
Name of Monitoring Firm Hired by Building Owner (8) SmithCo. Engineering Group, Inc.				Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address 808 Market St Suit 336				Street Address 958 Jackson Rd						
City, State, Zip Code Camden, NJ 08102				City, State, Zip Code Mays Landing, NJ 08330						
Project Manager for Monitoring Firm		Telephone No. 856-365-9333		Telephone No. 609-561-1901	License No. 01158					
Start Date (10) <div style="text-align: center;">08 / 30 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 31 / 19</div>		Name of OSHA Monitor Graham-Tech Environmental Services, 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: <u>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM				Street Address 958 Jackson Rd						
				City, State, Zip Code Mays Landing, NJ 08330						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
Third Floor Rm#302		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Floor Tile	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath R		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081				Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President		Signature 			Date 8-29-19			

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



Date of Notification (1) 09/06/19		Name of Building Owner/Operator (2) Bayruch and Tova Goldwasser							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ, 07666							
		Name of Contact Bayruch and Tova Goldwasser	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [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.)							
Street Address [REDACTED]									
City (5) Teaneck		Square Feet	# of Floors						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 10/02/2019		Scheduled Completion Date (11) 10/06/2019	License No. 1200						
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:		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				ACM Floor Tile	400 SF	x			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill MERCER COUNTY					
City, State LAKEWOOD, NJ		Disposal Date 10/06/2019		City, State TRENTON NJ					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 09/06/19		

INV#14293
CK# 5368 PAID

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

Print Form

RECEIVED
SEP 9 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/4/19
Name of Building Owner/Operator (2) TFM Builders
Street Address 2390 Riverside Terrace
City, State, Zip Code Wall, New Jersey 08736
Name of Contact Tom
Telephone Number 732 6008852

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☐ DCA
Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☐ Emergency (including justification), ☐ Cancellation

Name of Facility Where Abatement is Taking Place (3) TFM Property (Garage)
Street Address 1413 Jackson Street
City (5) Pt. Pleasant Boro
County (6) Ocean
County Code (7) (STATE USE ONLY)
Type of Facility (4): ☐ School (K-12), ☐ Subchapter 8 (Other than K-12), ☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet 1800, # of Floors 2, Bldg. Age 55+

Name of Monitoring Firm Hired by Building Owner (3) _____
ASCM No. _____
Name of Abatement Contractor (9) Ace Insulation Co., Inc.
Street Address 95 Montrose Rd
City, State, Zip Code Colts Neck, New Jersey
Project Manager for Monitoring Firm _____
Telephone No. _____
Telephone No. 732 294 1757, License No. 00029

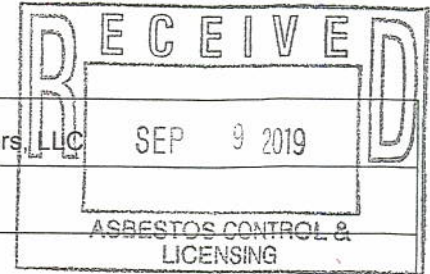
Start Date (10) 9/13/19, Scheduled Completion Date (11) 9/20/19
Name of OSHA Monitor _____
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement, ☒ Abatement Performed Outside of Normal Facility Hours
Other - Describe: 7am-7pm
Street Address _____
City, State, Zip Code _____

Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf, ☒ ≥180 sf or ≥260 lf, ☒ Renovation, ☐ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☒ Non-Exempted ("I") 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
garage			X	Siding	750 lf	X			

Name of Registered Waste Hauler Ace Insulation Co Inc, NJDEP Waste Hauler ID No. 12086, Cubic Yards of Waste 3, Name of Registered Landfill Chris
City, State Colts Neck, NJ 07722, Disposal Date 9/20/19, City, State Coston, NJ
Completed by Doreen McGuire, Title Secretary/Treasurer, Signature [Signature], Date 9/4/19

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

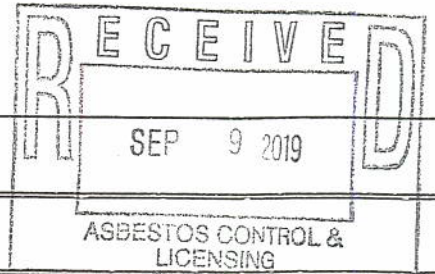


Date of Notification (1) 09/03/2019		Name of Building Owner/Operator (2) Atlantic Highlands Real Estate Partners LLC							
Agencies Notified	Type Notification	Street Address 190 1st Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Atlantic Highlands, NJ 07716							
		Name of Contact Margie Yarton-Higgins	Telephone Number 732-636-6690						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Prior Mechanics Shop		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 190 1st Avenue		Square Feet N/A	# of Floors 1						
City (5) Atlantic Highlands		Bldg. Age N/A							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Mechanics Shop							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address 2333 Route 22 West		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 973-276-0099						
License No. 01317									
Start Date (10) 09/14/2019	Scheduled Completion Date (11) 09/22/2019	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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							
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
1st Floor Office		X		VAT (Multi-Layered)	140 SF	X			
Roof		X		Black Roofing Material/Flashing	900 SF	X			
Name of Registered Waste Hauler Newark Carting Inc/United Safety LLC		NJDEP Waste Hauler ID No. 04509/0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill/Fairless Landfill					
City, State Newark, NJ/Lincoln Park, NJ		Disposal Date TBD		City, State Pen Argyl, PA/Morrisville, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 09/03/2019		

CK# 1046
INV# 14297
Proj. #: 19-178

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

PAID



Date of Notification (1) 10/19/10 13/11/19		Name of Building Owner/Operator (2) Tyler Ten Kate	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hawthorne, NJ 07506	
		Name of Contact Tyler Ten Kate	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300 SF		
City (5) Hawthorne, NJ 07506			County (6) Passaic	County Code (7) (State use only)	# of Floors 02
			Bldg. Age 65		
			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) 09/16/19		Sched. Completion Date (11) 09/20/19	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input 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		X		Pipe Insulation	120 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature [Signature]	Date 09/19

PAID

RECEIVED
SEP 9 2019
Owner LLC
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/4/2019	Name of Building Owner / Operator (2) Parkview at Collingswood Urban Renewal Owner LLC	SFP 9 2019
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 160 Clubhouse Road City, State & Zip Code King of Prussia, PA 19406 Name of Contact Jackie DeRita Telephone Number 856-854-5906
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Morgan Properties/Parkview at Collingswood-*Building C* Street Address 700 W. Browning Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 211,000 # of Floors 10 Bldg. Age 70
City (5) Collingswood	County (6) Camden	County Code (7)
Current Use (Prior if being demolished) Apartments		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Street Address P.O. Box 365 City, State & Zip Code Berlin, NJ 08009		ASCM No. Name of Abatement Contractor (9) Resource Management Group, LLC. Street Address 2115 Hamilton Avenue, Suite 202 City, State & Zip Code Trenton, NJ 08619
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-839-2432
Scheduled Start Date (10) 9/19/2019		Licensed Under 609-914-4279
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 6pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number 01185
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		Name of OSHA Monitor J&S Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclose	
Building C-Storage Room	<input type="checkbox"/> <input type="checkbox"/>	Pipe Insulation
750 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Resource Management Group, LLC. NJDEP Waste Hauler ID No. 0035218		
Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	Disposal Date TBD
City, State Trenton, NJ 08619	Signature <i>[Handwritten Signature]</i>	City, State Morrisville, PA
Completed By (Print or Type) Brian Haney	Title President	Date 9/4/2019

Inv# 14058
PAID

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

RECEIVED

SEP 9 2019

ETS JOB # 5410/19 CHECK #29969

Date of Notification (1) 8/28/2019		Name of Building Owner / Operator (2) NEWARK PUBLIC LIBRARY O/B/O THE CITY OF NEWARK	
Agencies Notified	Type Notification	Street Address 5 WASHINGTON STREET	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code NEWARK, NJ 07101	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact MR. GEORGE WHEATLE WILLIAMS	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-733-5697	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NEWARK PUBLIC LIBRARY			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 5 WASHINGTON STREET			Square Feet 124,400		
City (5) NEWARK	County (6) ESSEX	County Code (7)	# of Floors 4		Bldg. Age 121
Name of Monitoring Firm Hired by Building Owner (8) DPV CONSULTANTS, INC.			Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 225 WEST 37TH STREET, 15TH FLOOR			Street Address 160 CLAY STREET		
City, State & Zip Code NEW YORK, NY 10018			City, State & Zip Code BROOKLYN, NY 11222		
Project Manager for Monitoring Firm MICHAEL McMAHON		Telephone Number 718-701-2757	Telephone Number 718-706-6300		License Number 00511
Scheduled Start Date (10) 9/09/2019	Scheduled Completion Date (11) 9/08/2020		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: MONDAY - FRIDAY 5:00 PM - 1:30 AM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVENUE		
			City, State & Zip Code LONG ISLAND CITY, NY 11101		

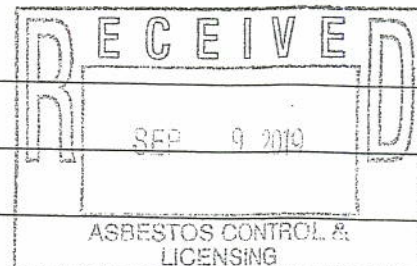
Scope of Work (Check all that apply)

- ☐ Demolition ☒ Renovation
☐ Large Project
☒ Quantity is ≥ 3 SF or ≥ 3 LF ACM
☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM

- ☐ Full Containment
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Other: **TENT & NON-FRIABLE PROCEDURES**

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)
1 ST FLOOR	NO	CEILING/WALL PLASTER	6 SF	TENT
2 ND FLOOR	NO	FLOOR TILES & MASTIC	36 SF	NON-FRIABLE PROCEDURES
2 ND FLOOR MEZZANINE	NO	CEILING/WALL PLASTER	8 SF	TENT
3 RD FLOOR	NO	FLOOR TILES & MASTIC CEILING/WALL PLASTER	60 SF 9 SF	NON-FRIABLE PROCEDURES TENT
Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 20	Name of Registered Landfill #1 CUMBERLAND COUNTY LANDFILL
City, State		Disposal Date		City, State

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



Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) Frake - 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 Twp NJ 08008							
		Name of Contact Jeff	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frake - 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) long Beach Twp NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 9/16/19	Scheduled Completion Date (11) 9/23/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	2000	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/23/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/5/19		

CK#4901

Inv#14283

PAID

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

RECEIVED
SEP - 9 2019

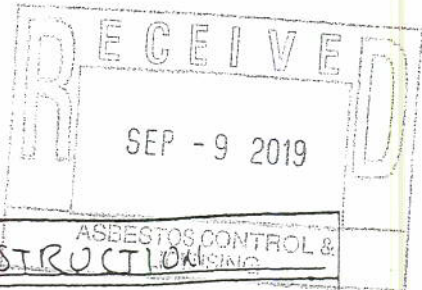
Date of Notification (1) 9-3-19		Name of Building Owner/Operator (2) DAVE TRASH REMOVAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 249 W BATES AVE		City, State, Zip Code VILLAS N.J 08251	
Name of Contact ANDREW		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) CAPE MAY		# of Floors 2	
County (6) CAPE MAY		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEWCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 9-13-19		License No. # 01371	
Scheduled Completion Date (11) 9-23-19		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	
Amount (Specify SF or LF) 1250 SF		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler KLEWCO INC		Cubic Yards of Waste 4	
City, State MAPLE SHADE N.J		Name of Registered Landfill C.M.C. MUA	
Disposal Date		City, State WOODBINE NJ	
Signature [Signature]		Date 9-3-19	
Completed By PPS		Title PPS	

CIC 4901

PAID

JAN #4282

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



Date of Notification (1) <u>9-3-19</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
Name of Contact <u>KURANIC</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>9-13-19</u>		License No. <u>01371</u>	
Scheduled Completion Date (11) <u>9-23-19</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<u>SIDING</u>		<u>TRAW SITE</u>	
<u>1250SF</u>		<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste	
NJDEP Waste Hauler ID No. <u>17904</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	
Completed By <u>MICHAEL KLEMM</u>		City, State <u>WOODBINE N.J.</u>	
Title <u>SUP.</u>		Signature <u>[Signature]</u>	
Date <u>9-3-19</u>		Date <u>9-3-19</u>	

CK#4901

JN 14281

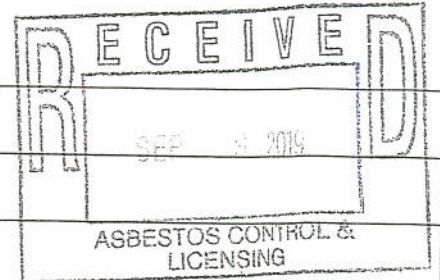
PAID

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



Date of Notification (1) <u>9-1-19</u>		Name of Building Owner/Operator (2) <u>SURFSIDE CONST</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>1161 WEST AVE</u> City, State, Zip Code <u>OCEAN CITY</u> Name of Contact <u>WICK</u> Telephone Number <u>08226</u>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>50</u>						
City (5) <u>OCEAN CITY</u>			Current Use (Prior if being demolished) <u>VACANT</u>						
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
City, State, Zip Code		Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>N/A</u>					
Start Date (10) <u>9-18-19</u>		Scheduled Completion Date (11) <u>9-28-19</u>		Street Address					
Occupancy Status During Abatement (Check only one)		City, State, Zip Code							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>TRANSITE</u>	<u>3750SF</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>C. MCWVA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBRINE N.J.</u>		Signature <u>[Signature]</u>			
Completed By <u>MICHAEL KLEWCO</u>		Title <u>PRES</u>		Date <u>9-1-19</u>					

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



Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) Connell - 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 long Beach Twp NJ 08008							
		Name of Contact Jeff	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Connell - Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) long Beach Twp NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. [REDACTED]	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address [REDACTED]		Street Address PO Box 329							
City, State, Zip Code [REDACTED]		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 00727						
Start Date (10) 9/16/19	Scheduled Completion Date (11) 9/23/19	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 [REDACTED]							
		City, State, Zip Code [REDACTED]							
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	1800	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/23/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature [Signature]			Date 9/5/19		