

09/06/2019 09:34AM 9736381778

INV# 14254

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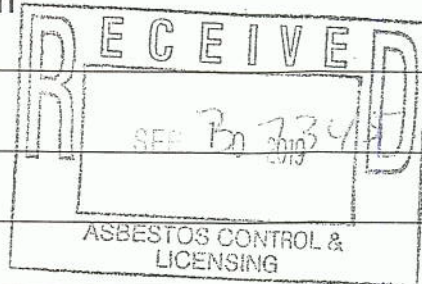
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

RECEIVED
PAGE 03/04
DEC 10 2019
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
7:50 PM
WAIVER APPROVED

Date of Notification (1) 09 / 06 / 19		Name of Building Owner/Operator (2) Virginia Lewis	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		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 [REDACTED]		City, State, Zip Code Newark, NJ 07112	
Name of Facility Where Abatement is Taking Place (3) Private house		Name of Contact Gabriela Bernal	
Street Address [REDACTED]		Telephone Number	
FACILITY INFORMATION			
City (5) Newark, NJ 07112		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.)	
County (6) Essex		Square Feet # of Floors Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code Wayne, NJ 07470		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 09 / 07 / 19		Scheduled Completion Date (11) 09 / 08 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor Envirosion Consultants, Inc	
Street Address 20-21 Wagaraw Road, Bldg. # 35E		Licence No. 01127	
City, State, Zip Code Fair Lawn, NJ 07410		Name of OSHA Monitor Envirosion Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe insulation		Amount (Specify SIF or LF) 110 LF	
Abatement Type Removal Repair Encapsulate Enclosure <input checked="" 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	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jeytic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 09/06/19	

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

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



Date of Notification (1) 09 / 06 / 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]			
City (5) Lavallette		Square Feet 1300	# of Floors 1
		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 09 / 20 / 19	Scheduled Completion Date (11) 09 / 21 / 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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1300 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 09/21/19	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 9/6/19	

15.09.2019 07:16 AM

A. Mac Contracting

2012620321

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PAGE 2

DOL - 10 DAY

Check # **1289**

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED

CL# **1289**

INV# **14229**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:122)

Date of Notification (1) 9/5/19		Name of Building Owner/Operator (2) MR + MRS KOLOVOUS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code FORT LEE NJ 07024							
Name of Contact GUS		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) HOUSE									
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) FORT LEE		Square Feet 1650	# of Floors 3						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Building Age 62						
Name of Monitoring Firm Hired by Building Owner (8)		ASOM No.	Current Use (Prior if being demolished) RES						
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-282-5541	License No. 00165						
Start Date (10) 9/5/19	Scheduled Completion Date (11) 9/12/19		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≤ 5 sf or ≤ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exhausted ("I") and Non-Frigible Procedure		City, State, Zip Code Hackensack, NJ 07608							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 100 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
			X	PIPE		X			
Name of Registered Waste Hauler Newark Carting Inc.		Waste Hauler ID No. 04508	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 9/5/19 04		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President	Signature R. McDonald	Date 9/5/19					

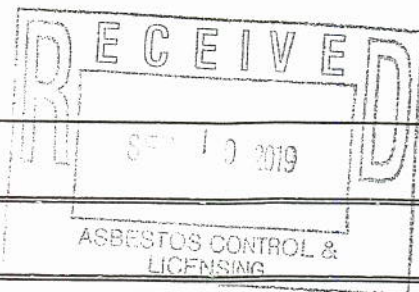
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Proj. #: 19-184

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

IN# 14324

PAID



Date of Notification (1) 10/19/10 16/11/19		Name of Building Owner/Operator (2) Ken Dupuis	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code No. Plainfield, NJ 07062	
Name of Contact Ken Dupuis		Telephone Number	

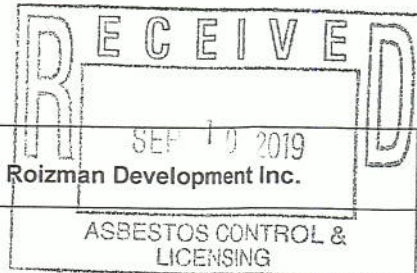
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1,400 SF 02 75		
City (5) No. Plainfield, NJ 07062	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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		License Number 02007
Start Date (10) 09/18/19		Sched. Completion Date (11) 09/25/19	Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

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 w/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)	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						
Exterior		X		Shingle Siding	1,150 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 5 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 09/06/19

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



Date of Notification (1) 09 / 06 / 19		Name of Building Owner/Operator (2) Riverside 2019 Environmental LLC c/o Roizman Development Inc.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 832 Germantown Pike, Suite 5 City, State, Zip Code Plymouth Meeting, PA 19462 Name of Contact Noam Roizman Telephone Number 610 453-2603	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Riverside Terrace (Building 16, 17, 18 & 19)		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 29 Harris Place		Square Feet 20K Per Bld	
City (5) Paterson		# of Floors 4	Bldg. Age 60 +
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Apartment Bldg.	

Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address PO Box 11645		Street Address 1100 Grosser Road		
City, State, Zip Code Philadelphia, PA		City, State, Zip Code Gilbertsville, PA 19525		
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267 784-4693	Telephone No. 610 933-4332	License No. 00836

Start Date (10) 9 / 23 / 19	Scheduled Completion Date (11) 10 / 11 / 19	Name of OSHA Monitor Neuber Environmental Services
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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-5PM/ _____PM- _____AM	Street Address 1100 Grosser Road City, State, Zip Code Gilbertsville, PA 19525
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Scope of Work (Check all that apply)

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

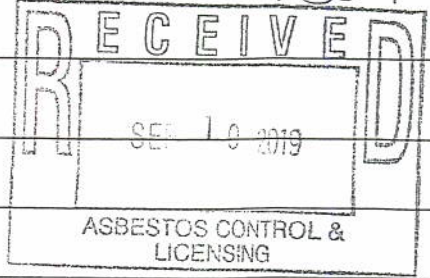
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Caulk	560	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	20,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry Roof Overhangs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date Oct. 2019	City, State Waynesburg, Ohio		
Completed By (Print or Type) Pat Larney	Title Project Manager	Signature 	Date 9-6-2019		

OK # 17969

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

Inv # 14327

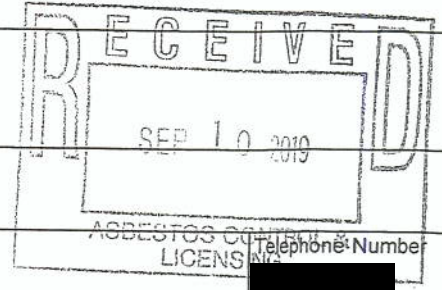


Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) Brightview Hamburg, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 218 N. Charles St. Suite 220	City, State, Zip Code Baltimore, Md 21201						
		Name of Contact Ted Wies	Telephone Number 443 324-4731						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Cost Cutters (Vacant)		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 1139 Hamburg Turnpike		Square Feet 75,000	# of Floors 1						
City (5) Wayne		Bldg. Age ~ 50							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Cost Cutters Store							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Environmental Health & Safety Ser.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 190 Park Ave.		Street Address 1100 Grosser Road							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Gilbertsville, PA 19525							
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973 538-1110	License No. 00836						
Start Date (10) 8 / 12 / 19	Scheduled Completion Date (11) 9 / 20 / 19	Name of OSHA Monitor Neuber Environmental Services							
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 1100 Grosser Road							
		City, State, Zip Code Gilbertsville, PA 19525							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Spreadsheet	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date Sept. 2019		City, State Waynesburg, Ohio					
Completed By (Print or Type) Pat Larney		Title Project Manager		Signature 		Date 9-5-19			

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

Check # 2140 / 2184

Date of Notification (1) September 5, 2019 August 23, 2019		Name of Building Owner / Operator (2) FS Gurk	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 20px;"></div>	
		City, State & Zip Code Ventnor City, NJ 08406	
		Name of Contact FS Gurk	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Ventnor City		Square Feet 3,485	# of Floors 2
County (6) Atlantic		Bldg. Age 92	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 10, 2019	Scheduled Completion Date (11) October 5, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		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 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 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) <u>TO BE ABATED</u> 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
Residence-Basement			X	Floor Tile and Mastic	580 SF	X			
Residence-Basement			X	Pipe Wrap	130 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 5, 2019		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date September 5, 2019 August 23, 2019	

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

Check # 2140

Date of Notification (1) August 23, 2019		Name of Building Owner / Operator (2) FS Gurk	
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 [REDACTED]		
	City, State & Zip Code Ventnor City, NJ 08406		
Name of Contact FS Gurk			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, home, etc.)	
Street Address [REDACTED]		Square Feet 3,485	# of Floors 2
City (5) Ventnor City		Bldg. Age 92	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 5, 2019	Scheduled Completion Date (11) October 5, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <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 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 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
Residence-Basement			X	Floor Tile and Mastic	580 SF	X			
Residence-Basement			X	Pipe Wrap	130 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087		Disposal Date October 5, 2019	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date August 23, 2019

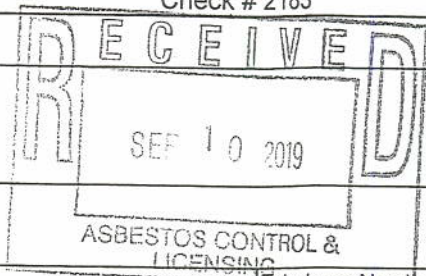
CK# 2183

Inv# 14329

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

Check # 2183

Date of Notification (1) September 6, 2019		Name of Building Owner / Operator (2) Antonio Manfredonia	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	[REDACTED] City, State & Zip Code Cresskill, NJ 07626 Name of Contact John Egan	
		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, home, etc.)	
Street Address [REDACTED]		Square Feet 750	# of Floors 1
City (5) Ship Bottom		Bldg. Age 64 years	
County (6) Ocean		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY	Name of Monitoring Firm Hired by Building Owner (8)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 16, 2019	Scheduled Completion Date (11) October 10, 2019		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		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 ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

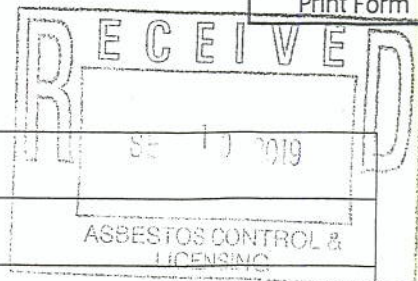
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Residence - Rear of House			X	Siding	400 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date October 11, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date September 6, 2019

OK 3448
IN# 14202

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

Print Form



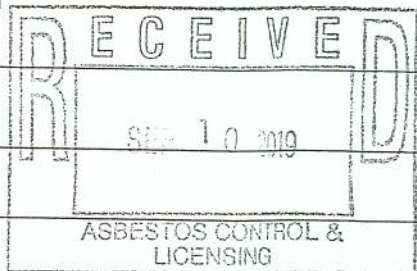
Date of Notification (1) 9/4/19		Check # 3448		Name of Building Owner/Operator (2) Blessed Sacrament Church	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1096 North Avenue City, State, Zip Code Elizabeth, NJ 07201 Name of Contact Fr Gerardo Gallo Telephone Number 908-352-0338	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Blessed Sacrament Church-Rectory				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 1096 North Avenue				Square Feet 2,000	
City (5) Elizabeth, NJ 07201				# of Floors 2	
County (6) UNION				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Rectory	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm			Telephone No.		License No. 01074
Start Date (10) 9/13/19		Scheduled Completion Date (11) 9/23/2019		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Starting at 9 AM</u>				Street Address	
				City, State, Zip Code	
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)
	Yes	No	N/A		
Basement Corridor & Laundry		X		Pipe Insulation	60 LF
Name of Registered Waste Hauler EA Services Corporation			NJDEP Waste Hauler ID No. 101278	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises
City, State Guttenberg, NJ			Disposal Date tbd	City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		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) 8/29/2019 check #0274		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 41 CHESTNUT AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BOGOTA, NJ 07603							
		Name of Contact REGINA LOWERY							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 41 CHESTNUT AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) BOGOTA, NJ 07603		Square Feet 50X100	# of Floors 2 FL						
		Bldg. Age 50+							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) EMPTY							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ALL SOLUTIONS CONTRACTING							
City, State, Zip Code		Street Address 24 CHURCH ST							
Project Manager for Monitoring Firm		City, State, Zip Code ELMWOOD NJ 07407							
Telephone No.		Telephone No. 201 8739418	License No. 01301						
Start Date (10) 09/03/2019	Scheduled Completion Date (11) 09/04/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00AM TO 4:30 PM		City, State, Zip Code ELMWOOD NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
ATTIC			X	VERMICULITE	350SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA 18072		Disposal Date TDB		City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature			Date 8/30/2019			

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



Date of Notification (1) 8 / 20 / 19		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/5/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
		City, State, Zip Code Pittsburgh PA 15212	
		Name of Contact Anthony Porta	
		Telephone Number 412-633-4021	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Dennisville Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1021 Fiddler Road				
City (5) Woodbine		Square Feet +10,000	# of Floors 2	Bldg. Age +50
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) 9 / 3 / 19	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)		ENCLOSURE, PA 15007	
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	145 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Worker: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA			Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator		Signature <i>Dillan DeCaro</i>	Date 9-5-19	

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

chk #3625

Date of Notification (1) 8 / 20 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5449 <input checked="" type="checkbox"/> DOH 5456 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Dennisville Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1021 Fiddler Road		Square Feet +10,000	# of Floors 2						
City (5) Woodbine		Bldg. Age +50							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 9 / 3 / 19	Scheduled Completion Date (11) 9 / 6 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <u>5:00</u> PM - <u>1:30</u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	145 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 8-20-19						

ASB-41
JAN 13 *DD19030*

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

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

Date of Notification (1) 9 / 6 /2019			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact KINNARI PATEL			Telephone Number 732-594-6352		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 N				Square Feet 40,000	# of Floors 1
City (5) RAHWAY				Bldg. Age 57	
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649				Telephone Number 845-369-7500	
License Number 1101				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Expected State Date (10) 9 / 9 /19		Sched. Completion Date (11) 12 / 31 /19		Street Address 117 EAST 30TH STREET	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				City, State, Zip Code NEW YORK, NEW YORK 10016	

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation
<input checked="" type="checkbox"/> >3SF OR LF	
<input type="checkbox"/> >160 SF OR 260 LF	

<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/>
<input type="checkbox"/> Mini Encllo ,	
<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR SOUTH SIDE			X	WINDOW GLAZING CAULK	63 SF	X			
EXTERIOR NORTH SIDE			X	WINDOW GLAZING CAULK	62 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/9/19-12/31/19		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	
Date 9-6-19					

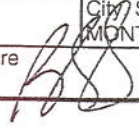
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK# 34460

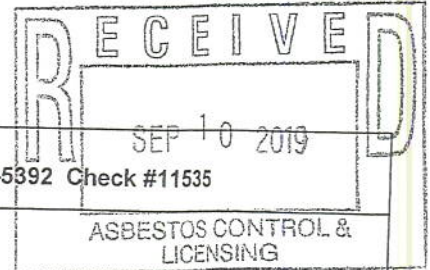
Date of Notification (1) 8 / 28 /2019			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact KINNARI PATEL			Telephone Number 732-594-6352		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 N				Square Feet 40,000	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 9 / 9 /19		Sched. Completion Date (11) 12 / 31 /19		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encllo <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR SOUTH SIDE			X	WINDOW GLAZING CAULK	63 SF	X			
EXTERIOR NORTH SIDE			X	WINDOW GLAZING CAULK	62 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/9/19-12/31/19	City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 8/28/19

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



Date of Notification (1) <u>9</u> / <u>4</u> / <u>19</u>		Name of Building Owner/Operator (2) The College of New Jersey / Job #1810-5392 Check #11535							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 7718 City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Forcina Hall		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 and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Christopher Glowacki		Telephone No. 732-859-0766	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) <u>9</u> / <u>9</u> / <u>19</u>	Scheduled Completion Date (11) <u>9</u> / <u>18</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-5PM/</u> <u>PM-1:30AM</u>		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/18/19		City, State Tullytown, PA					
Completed By (Print or Type) Lauren Welch		Title Asst Operations Coordinator		Signature 		Date 9-4-19			

ck 1440
Inv# 14209

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED
DOL - 10 DAY
SEP - 4 - 2019
WAIVER APPROVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	703 Main Street	Paterson, NJ 07503
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment #		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Ed Curry	973-754-2022

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center-Vincent Building		Type of Facility (4)	
Street Address 703 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson	Square Feet 30,000+	# of Floors 7+	Bldg. Age 50+
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 9/6/19	Scheduled Completion Date (11) 9/6/19	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input checked="" type="checkbox"/> Other - Describe: 7-4		Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

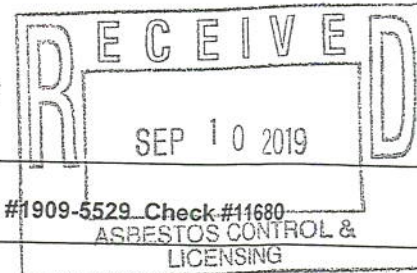
<input checked="" type="checkbox"/> ≥ 25 sf or ≥ 25 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
AG 401 Waiting Room	X			Fitting Insulation	15 sq	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035840	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Zhiyko Nikolov	Title President	Signature	Date 9/4/19

INV# 14304
CK 11680 PAID

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



Date of Notification (1) 9 / 6 / 19		Name of Building Owner/Operator (2) New Jersey Turnpike Authority / Job #1909-5529 Check #11680	
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 PO Box 5042 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Mark Carr Telephone Number 908-963-0022	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vince Lombardi Service Area		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 Mile Marker 116 on Eastern Spur		Square Feet	
City (5) Ridgefield, NJ		# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Service Area	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No.	
Street Address PO Box 385		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code Oceanville, NJ 08231		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Lumberton, NJ 08048	
Telephone No. (609) 652-1833		Telephone No. 609-265-2107	License No. 00529
Start Date (10) 9 / 16 / 19	Scheduled Completion Date (11) 9 / 20 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

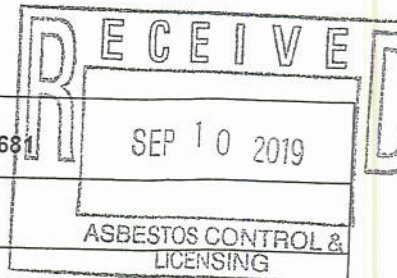
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Frame Caulk	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pin Mastic on black fiber	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 9/20/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 9-6-19

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

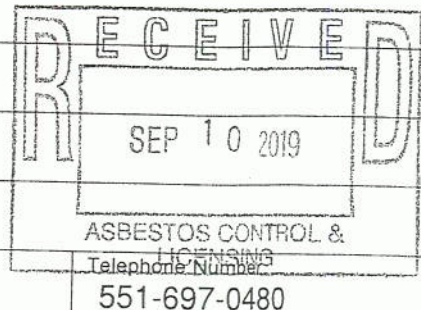


Inv#14310
CK11681 PAID

Date of Notification (1) 9 / 6 / 19		Name of Building Owner/Operator (2) PSE&G / Job # 1909-5530		Check #11681	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ	
Name of Contact Ken Carmelia				Telephone Number 609-410-0038	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G			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 Corbin Street & Innerport Street			Square Feet		
City (5) Port Newark, NJ			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Control House		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048	
City, State, Zip Code Berlin, NJ 08009		Telephone No. 609-839-2432		License No. 00529	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-265-2107		Name of OSHA Monitor EMSL Analytical	
Start Date (10) 9 / 16 / 19		Scheduled Completion Date (11) 9 / 17 / 19		Street Address 200 Route 130 North	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes	No		
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30" ACM coal tar wrap
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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 Waste Management		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	
City, State Camden, NJ		Disposal Date 9/17/19		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 9-6-19	

LN# 14311
OK 000058179

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



Date of Notification (1) 9/6/2019		Name of Building Owner/Operator (2) CarePoint Health							
Agencies Notified	Type Notification	Street Address 308 Willow Ave.							
<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 NJ							
		Name of Contact Manuel Tapia							
		Telephone Number 551-697-0480							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken University Hospital		Type of Facility (4)							
Street Address 308 Willow Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet 300,000	# of Floors 7						
County (6) Hudson		Bldg. Age 156							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Medical Center/Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Advanced Specialty Contractors							
City, State, Zip Code		Street Address 2400 Mains St Ext Suite 10							
		City, State, Zip Code Sayreville, NJ, 08872							
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 9/21/19	Scheduled Completion Date (11) 9/21/2019	Name of OSHA Monitor Environmental Tactics							
Occupancy Status During Abatement (Check Only One)		Street Address 64 Broad St							
<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>Performed in Mechanical Rooms</u>		City, State, Zip Code Matawan, NJ 07747							
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
AHU-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5 Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHU-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor MER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<3 LF	<input checked="" 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 32	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 9/21/2019		City, State Morrisville, PA					
Completed by John Evanovich		Title Estimator		Signature <i>John Evanovich</i>			Date 9/6/2019		

Inv# 14312

B & G proj. #: 2019-215

PAID

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

Check # 9547

Date of Notification (1) 09/06/19		Name of Building Owner/Operator (2) HMS Host		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2019 ASBESTOS CONTROL & TELEPHONE NUMBER </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 75 Merrick Road		City, State, Zip Code Trenton, NJ 08691		
Name of Contact Theresa Silverman		Telephone Number 240-694-444		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Forked River Service Area			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 Mile post 76			Square Feet # of Floors Bldg. Age		
City (5) Forked River, NJ	County (6) Ocean	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
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		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/16/2019		Sched. Completion Date (11) 09/21/2019		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)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement storage #2			<input checked="" type="checkbox"/>	mudded fitting	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement corridor #1			<input checked="" type="checkbox"/>	layered paper pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st fl dish & dining area east			<input checked="" type="checkbox"/>	layered paper pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st fl cash room			<input checked="" type="checkbox"/>	VAT & mastic	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior / bsmt fire room			<input checked="" type="checkbox"/>	caulk / pipe flange gasket	162 lf / 30 sf	<input checked="" 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 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/21/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/06/2019

B & G proj. #:

2019-213

PAID

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

Check # 9544

Date of Notification (1) 09/05/19		Name of Building Owner/Operator (2) Housing Authority City of Linden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2019 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified	Type Notification	Street Address 1601 Dill 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 Linden, NJ 07036		
		Name of Contact Ann J Ferguson		
				Telephone Number (908) 298-3820 x 205

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Housing Authority City of Linden			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 1601 Dill Avenue			Square Feet # of Floors Bldg. Age		
City (5) Linden, NJ 07036	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/17/2019	Sched. Completion Date (11) 09/18/2019		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)

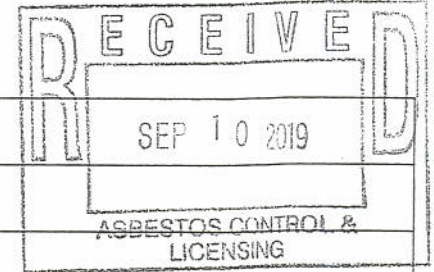
- ☐ Demolition ☒ Renovation ☐ wrap & cut
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

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						
Office space			<input checked="" type="checkbox"/>	pipe fittings	10 fittings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office space			<input checked="" type="checkbox"/>	joint compound	6 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/18/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/05/2019

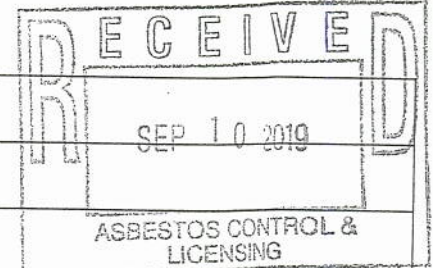
1 of 2

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



Date of Notification (1) 9-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ							
		Name of Contact Nicole Iannarone	Telephone Number 201-249-1804						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker 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 Brewster Road		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 631-924-8111						
License No. 01136									
Start Date (10) 09-18-19	Scheduled Completion Date (11) 12-18-19	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Electrical circuit cabinet</u>		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Control House			x	Transite panels	86 sf	x			
Control House			x	Black electrical backing	4 sf	x			
Control House			x	Electrical dividers	2 sf	x			
Control House			x	Electrical cable vault	285 lf	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Flanders, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>		Date 09-04-19			

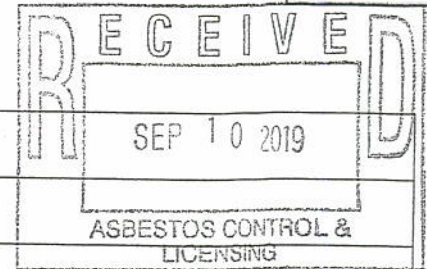
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ							
		Name of Contact Nicole Iannarone	Telephone Number 201-249-1804						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker Station		Type of Facility (4)							
Street Address Brewster Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		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) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732) 290-2217	Telephone No. 631-924-8111						
License No. 01136									
Start Date (10) 09-18-19	Scheduled Completion Date (11) 12-18-19	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Control House			x	Roof flashing	6 sf	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Flanders, NJ			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>			Date 09-04-19			

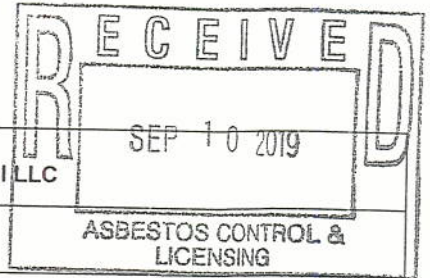
INV # 14198
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<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 South Plainfield NJ							
		Name of Contact Andrew MCcloskey	Telephone Number 856-812-8045						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Linden		Type of Facility (4)							
Street Address 4001 S Wood Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
Start Date (10) 09-16-19		Scheduled Completion Date (11) 12-16-19	License No. 01136						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor WRS Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Switching yard</u>		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank NY 11980							
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
Switching yard			x	Duct bank	700 lf	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>			Date 09-04-19			

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



Date of Notification (1) 09 / 05 / 19		Name of Building Owner/Operator (2) 155 Washington Street Urban Renewal LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1865 Palmer Avenue City, State, Zip Code Larchmont, NY 10538							
		Name of Contact Michael Handler	Telephone Number 347-738-0363						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Planned Parenthood 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 155 Washington Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Empire Environmental LTD		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 435 Main Rd., Ste. 200		Street Address 27 Outwater Lane							
City, State, Zip Code Towaco, NJ 07082		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Jim Boggie	Telephone No. 973-334-5641	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 09 / 17 / 19	Scheduled Completion Date (11) 10 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Throughtout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breaching	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC/Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill					
City, State Elizabeth, NJ / Newark, NJ / Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>				Date 09/05/2019			

B & G proj. #: 2019-133B

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

Check # 9543

IN# 14318

Date of Notification (1) 09/10/19		Name of Building Owner/Operator (2) Woodbridge Township School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2019 ASBESTOS CONTROL & RESTORATION </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address PO Box 428 School Street		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Woodbridge, NJ 07095		
		Name of Contact Brian Wolferman, B.S. / B.A.		
		Telephone Number 732-602-8536		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Woodbridge Middle School (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 525 Barron Avenue			Square Feet 50,000 +		
City (5) Woodbridge			# of Floors 3		
County (6) Middlesex			Bldg. Age 50 +		
County Code (7) (State use only)			Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc,			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address PO Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer			Telephone Number (973)696-6869		
Phone Number 609-652-1833			License Number 00378		
Scheduled Start Date (10) 09/19/2019			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 09/28/2019			Street Address 105 Ryerson Road		
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: Occupied 2 shifts			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

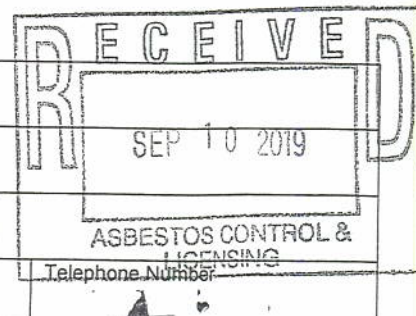
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2nd floor hallway		<input checked="" type="checkbox"/>		wall plaster	2,000 sf	<input checked="" type="checkbox"/>			
3rd floor hallway		<input checked="" type="checkbox"/>		wall plaster	2,400 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/19/19-09/28/19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/05/2019

INV# 14319 PAID

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

Check # 25960

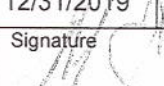


Date of Notification (1) 9/5/2019		Name of Building Owner/Operator (2) Hurtado							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bordentown, NJ 08505							
		Name of Contact Ed Hurtado	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bordentown		Square Feet 2500	# of Floors 1						
County (6) Burlington		County Code (7) (STATE USE ONLY)	Bldg. Age 60 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 10/1/2019		Scheduled Completion Date (11) 10/11/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	390 sf	x			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 10/11/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 9/5/2019			

INV# 14320 PAID

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

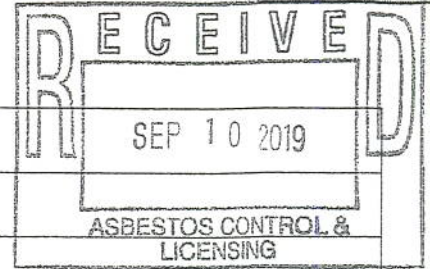
Check # 25962

Date of Notification (1) 9/7/2019		Name of Building Owner/Operator (2) Mars N America							
Agencies Notified	Type Notification	Street Address 800 High Street	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2019 ASBESTOS CONTROL & TELEPHONE NUMBER (732) 543-2777 </div>						
<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 Hackettstown, NJ 07840							
		Name of Contact Mike Veisz - JVS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boiler Room / Storage		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 800 High Street		Square Feet 750,000	# of Floors 2						
City (5) Hackettstown, NJ 07840		Bldg. Age 60 +/-							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address 64 Broad St		Street Address PO Box 322							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Tom Gieger		Telephone No. 732 290-2217	Telephone No. 609 259-9688						
Start Date (10) 9/23/2019		Scheduled Completion Date (11) 12/31/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor MECS							
		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Pump Room	X			Thermal Pipe Insulation	200 lf	X			
Boiler Room/Chiller Room	X			Thermal Fittings	100	X			
Storage		X		Thermal Fittings	120	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 12/31/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 9/7/2019			

Inv# 14321
 CK 2/5/1 PAID

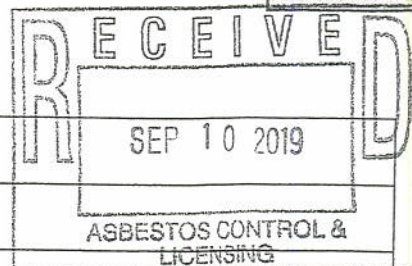
Print Form

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



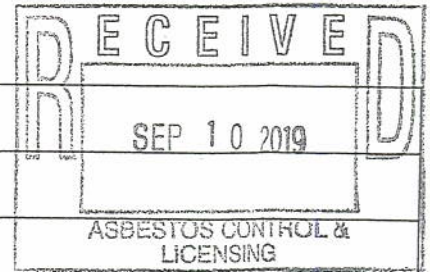
Date of Notification (1) 09-02-19		Name of Building Owner/Operator (2) Caravella Demolition Inc.							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ							
		Name of Contact John Caravella	Telephone Number (973) 884-9400						
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) Little Falls		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 09-12-19	Scheduled Completion Date (11) 09-16-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand							
<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 Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Wall Plaster	3500 SF	x			
1st floor / Kitchen		x		Ceiling Plaster	500 SF	x			
1st floor / Kitchen		x		Linoleum	500 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ				Disposal Date 09-16-19	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-02-19			

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



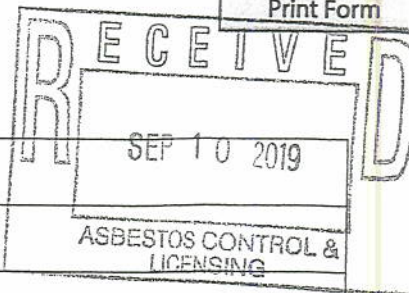
Date of Notification (1) 9-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ							
		Name of Contact Nicole Iannarone	Telephone Number 201-249-1804						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker 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 Brewster Road		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 631-924-8111						
Start Date (10) 09-18-19		Scheduled Completion Date (11) 12-18-19	License No. 01136						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Electrical circuit cabinet</u>		Name of OSHA Monitor WRS Environmental Services, Inc.							
		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Control House			x	Transite panels	86 sf	x			
Control House			x	Black electrical backing	4 sf	x			
Control House			x	Electrical dividers	2 sf	x			
Control House			x	Electrical cable vault	285 lf	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Flanders, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>		Date 09-04-19			

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



Date of Notification (1) 09-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ							
		Name of Contact Nicole Iannarone	Telephone Number 201-249-1804						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker Station		Type of Facility (4)							
Street Address Brewster Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732) 290-2217	Telephone No. 631-924-8111						
Start Date (10) 09-18-19		Scheduled Completion Date (11) 12-18-19	License No. 01136						
Name of OSHA Monitor WRS Environmental Services, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			X	Roof flashing	6 sf	X			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Flanders, NJ			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 09-04-19					

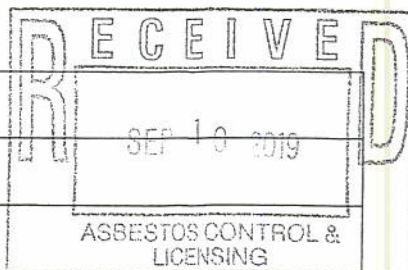
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



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Date of Notification (1) 09-04-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Andrew McCloskey	Telephone Number 856-812-8045						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Linden		Type of Facility (4)							
Street Address 4001 S Wood Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 09-16-19	Scheduled Completion Date (11) 12-16-19	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<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>Switching yard</u>		City, State, Zip Code Yaphank NY 11980							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Switching yard			x	Duct bank	700 lf	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>			Date 09-04-19		

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



Date of Notification (1) 08.16.19 <i>09/03/19</i>		Name of Building Owner/Operator (2) ROBERT & ASHLEY BELFORD							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MIDDLESEX, NJ 08846							
		Name of Contact ROBERT BELFORD	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) MIDDLESEX		Square Feet 2000	# of Floors 2						
County (6) MIDDLESEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		Name of Abatement Contractor (9) BRINK'S TANK SERVICES							
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 09.04.19 <i>09/05/19</i>	Scheduled Completion Date (11) 09.09.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 354							
<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>PRIVATE RESIDENCE</u>		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE WRAP	50 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ			Disposal Date	City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>[Signature]</i>	Date 8/16/19					

OK 5229
INV # 14230

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SEP 10 2019
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) MARY HELP CHRISTIAN ACADEMY	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Reinspection & Approval <input type="checkbox"/> Emergency (Resolving) <input type="checkbox"/> Investigation <input type="checkbox"/> Consultation	Street Address 659 BELMONT AVE City, State, Zip Code NORTH HALEDON, N.J. 07508	
		Name of Contact ANDREW	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MARY HELP CHRISTIAN ACADEMY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, hotels, etc.)	
Street Address 659 BELMONT AVE		Square Feet 35600	
City (5) NORTH HALEDON		# of Floors 4	
County (6) PASSAIC		Year Bldg. Age 1965	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) GYMNASIUM	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 0012	
Street Address 560 SYLVAN AVE - SUITE 0365		Name of Abatement Contractor (9) Best Removal Inc	
City, State, Zip Code ENGLEWOOD CLIFFS 07632		Street Address 450 South River St	
Project Manager for Monitoring Firm STEPHEN JACZEWSKI		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No. 201-549-6708		Telephone No. 201-329-7444	
Start Date (10) 9/9/19		License No. 00388	
Scheduled Completion Date (11) 9/15/19		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 7PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25% or more <input type="checkbox"/> 10% or more <input type="checkbox"/> 5% or more <input type="checkbox"/> 1% or more		City, State, Zip Code S. Hackensack, N.J. 07606	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Covering Procedures <input type="checkbox"/> Non-Enclosed (?) and Non-Fixable Procedures	
Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VST, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance Staff? (13) Yes No N/A		Amount (Specify SF or LB)	
GYMNASIUM		FLOOR TIE MASTIC 650 SF	
Name of Registered Waste Handler Best Removal Inc		NJ DEP Waste Handler ID No. 17109	
City, State Hackensack, N.J. 07601		Public Yards of Waste 12 CY	
Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		City, State NEWBURGH, PA. 17240	
Completed by J. MAIORANO		Estimator J. MAIORANO	
Date 9/4/19		Date 9/4/19	

Do not use this form for asbestos removal projects.

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 5:16)

Date of Notification (1) 09 / 06 / 19		Name of Building Owner/Operator (2) Melka Moran	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Newark, NJ 07104	
Name of Contact Gabriela Bernal		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City, State, Zip Code Newark, NJ 07104		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Gr Tech LLC	
City, State, Zip Code			Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 09 / 07 / 19	Scheduled Completion Date (11) 09 / 08 / 19	Telephone No. 973-638-1777		License No. 01127
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		
		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Spills 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	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEF 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 09/06/19

^a Do not use this form for asbestos licensure exempted activities.