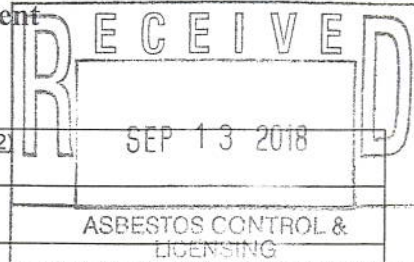


State of New Jersey - Notification of Asbestos Abatement

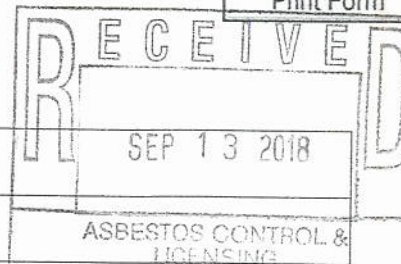
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

PAID



Date of Notification (1) September 7, 2018		Name of Building Owner/Operator (2) Archdiocese of Paterson NJ	
Agencies Notified X EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 797 Valley Road		City, State, Zip Code Clifton, NJ 07013	
Name of Contact Dennis Rodano		Telephone Number 973.689.4038	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Clement Pope & Martyr Roman Catholic Church		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 154 Mt. Pleasant Avenue		Sq. Feet: # of Floors: 2 Bldg. Age: 50 years	
City (5) Dover	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) September 18, 2018		Scheduled Completion Date (11) September 20, 2018	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition	
		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut	
Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 22 lf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Name of Registered Landfill Meadowfill Landfill G.R.O.W.S	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date September 20, 2018	
City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date September 7, 2018

GAC # 2018-659



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

Date of Notification (1) 9/6/2018		Name of Building Owner/Operator (2) Michael Parietti							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haskell NJ 07420							
		Name of Contact Michael Parietti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Michael Parietti's Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Haskell	Square Feet	# of Floors	Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-899-9008						
			License No. 01336						
Start Date (10) 9/24/2018	Scheduled Completion Date (11) 10/20/2018	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	SF	x			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1YD	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 9/6/2018		

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

Date of Notification (1)
09/10/2018

Name of Building Owner/Operator (2)
Port Authority of New York & New Jersey / APM Terminals

(Check No. 1244)

Agencies Notified

☐ EPA
☒ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

☐ Initial
☒ Amendment # 2
☐ Emergency (including justification)
☐ Cancellation

Street Address
5080 McLester St

City, State, Zip Code
Elizabeth, New Jersey 07201

Name of Contact
Slobodan Buljevic

SEP 13 2018

ASBESTOS CONTROL &
Telephone Number
201-595-4874

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AQI Drivers Assistance Building at APM Terminal

Type of Facility (4)

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

Street Address
5080 McLester St.

City (5)
Elizabeth, New Jersey 07207

Square Feet
10,000

of Floors

Bldg. Age
50+

County (6)
Union

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
APM Terminal Drivers Assistance Bldg

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
1805 Atlantic Avenue

Street Address
606 McBride Ave

City, State, Zip Code
Manasquan, NJ 08736

City, State, Zip Code
Woodland Park, New Jersey

Project Manager for Monitoring Firm
Jason P. Hooper

Telephone No
732-223-2225

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
09/13/2018

Scheduled Completion Date (11)
10/12/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

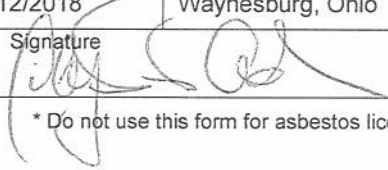
Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

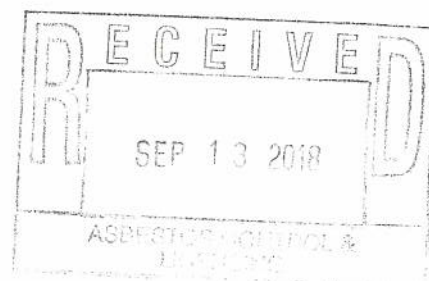
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☒ Non-Exempted (*) and Non-Friable Procedure

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
Employee Break Room & Locker Rm		X		12x12 tan floor tile and associated mastic	310 SF	X			
Drivers Reception Window Area		X		12x12 tan floor tile and associated mastic	450 SF	X			
Old Bank Office Restroom		X		12x12 tan floor tile and associated mastic	90 SF	X			
Hallway along Restrooms & Utility Rm		X		12x12 tan floor tile and associated mastic	72 SF	X			
AQI Office		X		12x12 brown floor tile and associated mastic	330 SF	X			
Main Hallway		X		12x12 brown floor tile and associated mastic	120 SF	X			

Supply Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
Telephone Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
APM Manager's Office		X		12x12 brown floor tile and associated mastic	135 SF	X			
Driver's Assistance Office		X		12x12 brown floor tile and associated mastic	530 SF	X			
Throughout building			X	Black composite window sill	110 SF	X			
Throughout building			X	Interior window caulking	23	X			
Throughout building			X	Exterior window glazing	23	X			
Main Roof Level;	X			Rolled roofing felt	2,880 SF	X			
Overhang Roof level	X			Rolled roofing felt	60 SF	X			
Main Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Overhang Roof level	X			Flashing/sealant compound-roofing	50 SF	X			
Canopy Roof	X			Rolled roofing felt	1,800 SF	X			
Canopy Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Name of Registered Waste Hauler Asbestos Transportation Co/DBA ATC			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 60	Name of Registered Landfill Minerva Enterprise, LLC			
City, State Yaphank, New York					Disposal Date 10/12/2018	City, State Waynesburg, Ohio			
Completed by Adriana Olejarova		Title President			Signature 		Date 09/10/2018		

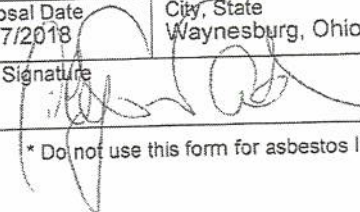
ASB-41 (R-06-08)

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



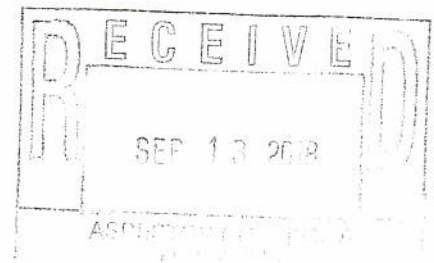
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/20/2018		Name of Building Owner/Operator (2) Port Authority of New York & New Jersey/ APM Terminals		Check No. 1173					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5080 McLester St City, State, Zip Code Elizabeth, New Jersey 07201 Name of Contact Slobodan Buljevic					
				Telephone Number 201-595-4874					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AQI Drivers Assistance Building at APM Terminal				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 5080 McLester St.									
City (5) Elizabeth, New Jersey 07207				Square Feet 10,000	# of Floors 50+				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APM Terminal Drivers Assistance Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 1805 Atlantic Avenue				Street Address 606 McBride Ave					
City, State, Zip Code Manasquan, NJ 08736				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No 732-223-2225		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 07/23/2018 ON HOLD		Scheduled Completion Date (11) 08/07/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
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"/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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
Employee Break Room & Locker Rm		X		12x12 tan floor tile and associated mastic	310 SF	X			
Drivers Reception Window Area		X		12x12 tan floor tile and associated mastic	450 SF	X			
Old Bank Office Restroom		X		12x12 tan floor tile and associated mastic	90 SF	X			
Hallway along Restrooms & Utility Rm		X		12x12 tan floor tile and associated mastic	72 SF	X			
AQI Office		X		12x12 brown floor tile and associated mastic	330 SF	X			
Main Hallway		X		12x12 brown floor tile and associated mastic	120 SF	X			

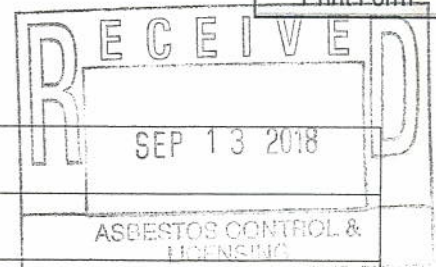
Supply Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
Telephone Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
APM Manager's Office		X		12x12 brown floor tile and associated mastic	135 SF	X			
Driver's Assistance Office		X		12x12 brown floor tile and associated mastic	530 SF	X			
Throughout building			X	Black composite window sill	110 SF	X			
Throughout building			X	Interior window caulking	23	X			
Throughout building			X	Exterior window glazing	23	X			
Main Roof Level;	X			Rolled roofing felt	2,880 SF	X			
Overhang Roof level	X			Rolled roofing felt	60 SF	X			
Main Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Overhang Roof level	X			Flashing/sealant compound-roofing	50 SF	X			
Canopy Roof	X			Rolled roofing felt	1,800 SF	X			
Canopy Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Name of Registered Waste Hauler Asbestos Transportation Co/DBA ATC			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 60		Name of Registered Landfill Minerva Enterprise, LLC		
City, State Yaphank, New York					Disposal Date 08/07/2018		City, State Waynesburg, Ohio		
Completed by Adriana Olejarova			Title President		Signature 			Date 07/20/2018	

ASB-41 (R-06-08)

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



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)



Date of Notification (1) 9/7/2018		Name of Building Owner/Operator (2) Erick Van Tuyt							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge NJ 07028							
		Name of Contact Erick Van Tuyt	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Erick Van Tuyt's Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Glen Ridge		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) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-899-9008						
			License No. 01336						
Start Date (10) 9/8/2018	Scheduled Completion Date (11) 10/15/2018	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Ceiling	SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1YD	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 9/7/2018		

CH7001

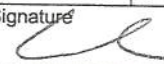
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

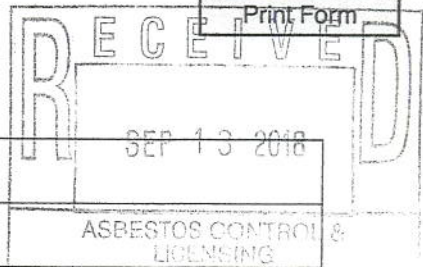
SEP 13 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/10/18		Name of Building Owner/Operator (2) Tom Cortese Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Tom	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom Cortese Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Beach Towns NJ 08008		Square Feet 1000 +	# of Floors 2						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/21/18	Scheduled Completion Date (11) 9/28/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Bottom of the house			x	Exterior Transite Panels	400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/28/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 9/10/18			

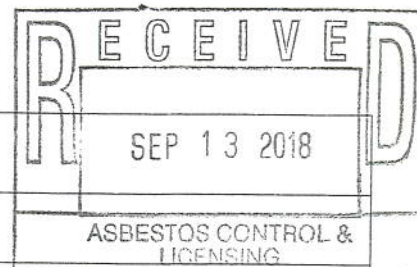
PAID

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



Date of Notification (1) 9/10/18		Name of Building Owner/Operator (2) Joseph Pijanowski Private Home		SEP 13 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>	
		City, State, Zip Code Haven Beach NJ 08008		ASBESTOS CONTROL & LICENSING	
		Name of Contact Tom			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Joseph Pijanowski Private Home				Type of Facility (4)	
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>				<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) Haven Beach NJ 08008				Square Feet 1000 +	# of Floors 2
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House & Garage	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc	
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/21/18		Scheduled Completion Date (11) 9/28/18		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
Exterior Siding House and garage			x	Exterior Siding	2000 SF
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 9/28/18		City, State Morrisville PA 1960	
Completed by Anthony T Perna		Title President		Signature 	Date 9/10/18

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 7 / 30 / 18		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-9/10/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Old Ledgewood Road							
		City, State, Zip Code Flanders, NJ 07836							
		Name of Contact Mark Jenkins	Telephone Number 215-365-5870						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 51 Old Ledgewood Road		Square Feet +10,000	# of Floors 1						
City (5) Flanders, NJ 07836		Bldg. Age +50							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, 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. 215-365-5870	License No. 00509						
Start Date (10) 8 / 13 / 18	Scheduled Completion Date (11) 10 / 1 / 18	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: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ice #7 Fios Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fios Maintenance Room #6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSADC Room #5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>			Date 9-10-18			

ASB-41
JAN 13 DD18060

* 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)

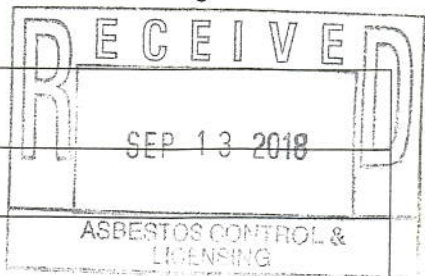
Chart #2 #3433

Date of Notification (1) <u>7</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 13 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING </div>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-9/10/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 51 Old Ledgewood Road						
		City, State, Zip Code Flanders, NJ 07836				Name of Contact Mark Jenkins						
				Telephone Number 215-365-5870								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 51 Old Ledgewood Road				Square Feet +10,000								
City (5) Flanders, NJ 07836				# of Floors 1								
				Bldg. Age +50								
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCN 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. 215-365-5870		License No. 00509								
Start Date (10) <u>8</u> / <u>13</u> / <u>18</u>		Scheduled Completion Date (11) <u>10</u> / <u>1</u> / <u>18</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>5:00</u> PM - <u>2:00</u> AM				Street Address 1123 BEAVER STREET								
				City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Room #1		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic		150 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction PPM Room #13		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic		200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic		320 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 15		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic		220 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL						
City, State NEW CASTLE, DE				Disposal Date TBD		City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro / JK</i>				Date 9-10-18				

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SEP 13 2018
ASBESTOS CONTROL &
Telephone Number

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

Pg. 1



Date of Notification (1) 7 / 30 / 18		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/5/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Old Ledgewood Road							
		City, State, Zip Code Flanders, NJ 07836							
		Name of Contact Mark Jenkins	Telephone Number 215-365-5870						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 51 Old Ledgewood Road									
City (5) Flanders, NJ 07836		Square Feet +-10,000	# of Floors 1						
		Bldg. Age +-50							
County (6) Morris	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, 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. 215-365-5870	License No. 00509						
Start Date (10) 8 / 13 / 18	Scheduled Completion Date (11) 10 / 1 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ice #7 Fios Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fios Maintenance Room #6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSADC Room #5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / jll		Date 9/5/18			

ASB-41
JAN 13

0018060

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**** - NOTE: BACK ON SITE 9/5/18**

pg. 2

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SEP 13 2018

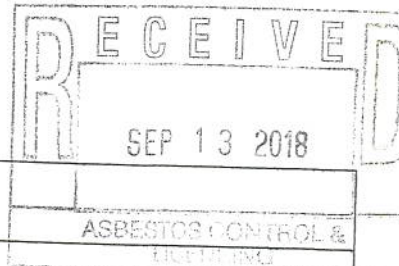
ASBESTOS CONTROL &
ENCLOSING

ASB-41
JAN 13

**** NOTE: BACK ON SITE 9/5/18.**

** 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)

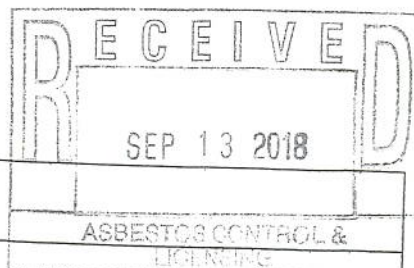


Pg. 1

Date of Notification (1) <u>7</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-8/20/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Old Ledgewood Road City, State, Zip Code Flanders, NJ 07836							
		Name of Contact Mark Jenkins	Telephone Number 215-365-5870						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 51 Old Ledgewood Road		Square Feet +10,000	# of Floors 1						
City (5) Flanders, NJ 07836		Bldg. Age +50							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, 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. 215-365-5870	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>8</u> / <u>13</u> / <u>18</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00PM-2:00AM</u>		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Ice #7 Fios Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fios Maintenance Room #6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSADC Room #5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dylan DeCaro		Title Estimator	Signature <i>Dylan DeCaro / JK</i>			Date 8-20-18			

Pg. 2

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



Date of Notification (1) <u>7</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Communications		ASBESTOS CONTROL & LICENSING SEP 13 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-8/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 51 Old Ledgewood Road City, State, Zip Code Flanders, NJ 07836 Name of Contact Mark Jenkins Telephone Number 215-365-5870					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 51 Old Ledgewood Road				Square Feet +10,000					
City (5) Flanders, NJ 07836				# of Floors 1					
County (6) Morris				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASC 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. 215-365-5870		License No. 00509					
Start Date (10) <u>8</u> / <u>13</u> / <u>18</u>		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: <u> </u> AM - <u> </u> PM 5:00PM-2:00AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction PPM Room #13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	320 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 NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 8-20-18			

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

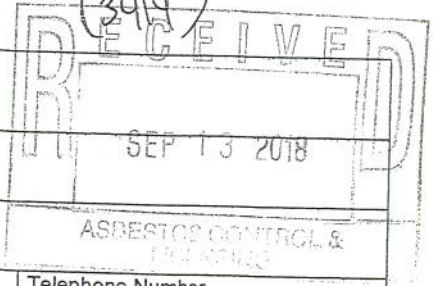
John # 3414

Date of Notification (1) <div style="text-align: center;">7 / 30 / 18</div>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">SEP 13 2018</div>						
Agencies Notified <input checked="" type="checkbox"/> EPA 9395 <input checked="" type="checkbox"/> DOLWD 9319 <input checked="" type="checkbox"/> DOH 8206 <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 51 Old Ledgewood Road City, State, Zip Code Flanders, NJ 07836				
		Name of Contact Mark Jenkins				Telephone Number 215-365-5870				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 51 Old Ledgewood Road				Square Feet +-10,000						
City (5) Flanders, NJ 07836				# of Floors 1						
County (6) Morris				Bldg. Age +-50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCN 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. 215-365-5870		Telephone No. 215-788-6040 License No. 00509						
Start Date (10) 8 / 13 / 18		Scheduled Completion Date (11) 8 / 31 / 18		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 / 5:00 PM - 2:00 AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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
Ice #7 Fios Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fios Maintenance Room #6		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSADC Room #5		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO Office #2		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE				Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro/gx			Date 7-30-18			

Page 2

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

(CHK#)
3414



Date of Notification (1) 7 / 30 / 18		Name of Building Owner/Operator (2) Verizon Communications	
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 51 Old Ledgewood Road	
		City, State, Zip Code Flanders, NJ 07836	
		Name of Contact Mark Jenkins	Telephone Number 215-365-5870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 51 Old Ledgewood Road			
City (5) Flanders, NJ 07836		Square Feet +10,000	# of Floors 1
		Bldg. Age +50	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCN 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. 215-365-5870	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) 8 / 13 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET		
		City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction PPM Room #13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	320 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 NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro/gx	Date 7-30-18		

PAID

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

CH# 4373
VIA U.S. MAIL

Date of Notification (1) 9/8/18		Name of Building Owner/Operator (2) A&E REALTY LLC		RECEIVED SEP 13 2018 07751	
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 237 Church ST		City, State, Zip Code ABERDEEN MD 20775		ASBESTOS Abatement License Number 917-776-1066	
Name of Facility Where Abatement is Taking Place (3) 237 Church ST		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.)		Square Feet 2,000	
City (5) ABERDEEN ST		County (6) Middlesex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) NOVATECH INC		ASCM No.		Name of Abatement Contractor (9) NOVATECH INC	
Street Address P.O. Box 814		City, State, Zip Code Old Bridge NJ 08854		Telephone No. 732 232-7500	
Project Manager for Monitoring Firm		Telephone No.		License No. 00806	
Start Date (10) 9/17/18		Scheduled Completion Date (11) 9/30/18		Name of OSHA Monitor NOVATECH 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 P.O. Box 814		City, State, Zip Code Old Bridge NJ 08854	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASEMENT			X	P.R.E INSULATION	2504 SF X
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 12501		Cubic Yards of Waste 3	
City, State Old Bridge NJ 08854		Disposal Date 10/1/18		Name of Registered Landfill G.R.C.W.S. MORRISVILLE PA.	
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature] Date 9/8/18	

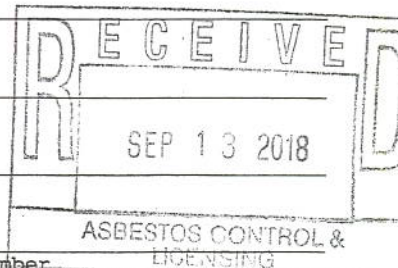
PAID

State of New Jersey

Check # 16369

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

Date of Notification (1) 9/10/2018		Name of Building Owner/Operator (2) Wendy and Joseph Macca	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Short Hills, NJ, 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Wendy and Joseph Macca	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wendy and Joseph Macca		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors Bldg. Age
City (5) Short Hills	County (6) Essex	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm hired by Building Owner (8) N/A		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.	
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042	

Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800		License Number 00371	
Scheduled Start Date (10) 10 3 18 Month Day Year		Sched. Completion Date (11) 10 5 18 Month Day Year		Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Street Address			
				City, State, Zip Code			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Garage			X	Duct insulation	150 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 10/6/18		City, State Bronx, NY, 10474		
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 9/10/2018

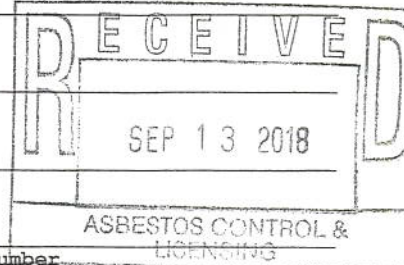
PAID

State of New Jersey

Check # 16368

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

Date of Notification (1) 9/10/2018		Name of Building Owner/Operator (2) LaVerne Johnson	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Orange, NJ, 07050	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact LaVerne Johnson	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LaVerne Johnson		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 Orange	County Essex	Square Feet	# of Floors 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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		City, State, Zip Code Montclair, NJ 07042	
City, State, Zip Code		Telephone Number (973) 744-8800		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 9 24 18 Month Day Year		Sched. Completion Date (11) 9 26 18 Month Day Year		Street Address	
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code			

Scope of Work (Check all that apply)

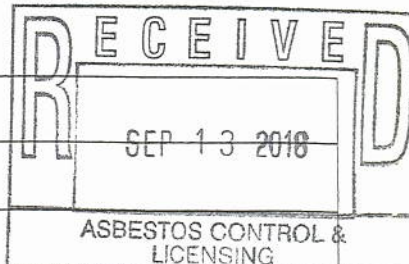
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf☒ Renovation
☐ Demolition☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5		Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 9/27/18		City, State Bronx, NY, 10474			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 9/10/2018	

CH 124769

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



Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 241 Erie Street, Room 236		City, State, Zip Code Jersey City, NJ 07310							
Name of Contact Uday Mehta		Telephone Number (201) 595-4881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marine Operations Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address APM Terminals		City (5) Elizabeth							
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices						
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address 11 Tindall Road		Street Address 15 Somerset Place							
City, State, Zip Code Middleton, NJ 07748		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. (732) 671-6400	Telephone No. (973) 470-0200						
Start Date (10) 7/23/18		Scheduled Completion Date (11) 8/28/18 9/28/18	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
* second floor & stairwell			x	VAT & mastic	6,125 sf	x			
1st & 2nd floors			x	window sill composite	310 sf	x			
boiler room			x	flue insulation and packing	120 sf + 1/2 cy	x			
roof				roofing material & flashing	4,100 sf	x			
Name of Registered Waste Hauler Waste Mangement		NJDEP Waste Hauler ID No. A-901		Cubic Yards of Waste	Name of Registered Landfill Grows North				
City, State Newark, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sharon Hendee		Title President		Signature <i>[Signature]</i>		Date 9/7/18			

ASB-41 (R-06-08)

* adding 250 LF non-friable transite piping in exterior trench
 * adding 1,000 SF mastic on East Roof parapet - non-friable

CK# 4622

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:120)

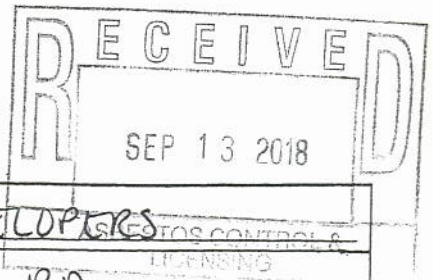
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 SEP 13 2018

Date of Notification (1) 9-8-18		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
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 155 RT 50	
		City, State, Zip Code GREENFIELD N.J. 08230	
		Name of Contact BRUCE	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1341 SIMPSON AVE		Square Feet 2000	# of Floors 2
City (5) OCEAN CITY		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 01371
Start Date (10) 9-20-18	Scheduled Completion Date (11) 9-28-18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 15904	Cubic Yards of Waste
City, State MAPLE SHADE N.J.		Disposal Date	Name of Registered Landfill C.M.C.M.U.A
Completed By MICHAEL KLEMM		Title SUP.	Signature <i>[Signature]</i>
			Date 9-8-18

CK# 4622

PAID

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

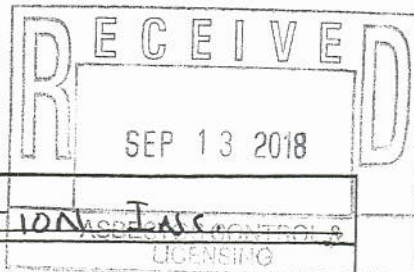


Date of Notification (1) 9-8-18		Name of Building Owner/Operator (2) HARBAGH DEVELOPERS					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 318 GLASSBORO RD City, State, Zip Code WOODBURY HEIGHTS N.J 08097					
		Name of Contact SAME	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 312 42ND ST		Square Feet 1500	# of Floors 2				
City (5) AVALON		Bldg. Age 50+					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 779-0472	License No. 01371				
Start Date (10) 9-18-18	Scheduled Completion Date (11) 9-26-18	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 9500 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		X	TRANSITE	X			
Name of Registered Waste Hauler KLEMMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 YDS	Name of Registered Landfill C. M. C. M. V. A				
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM	Title SUPER	Signature <i>[Signature]</i>	Date 9-8-18				

CK# 4622

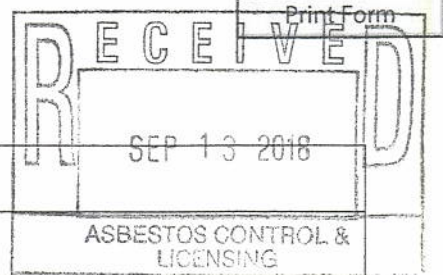
PAID

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

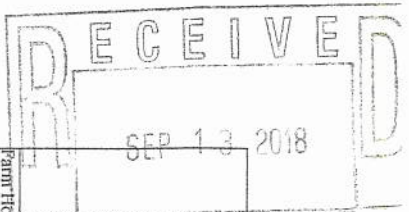


Date of Notification (1) <u>9-8-18</u>		Name of Building Owner/Operator (2) <u>I.W.R. CONSTRUCTION INC.</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 36</u> City, State, Zip Code <u>MOORESTOWN N.J. 08057</u> Name of Contact <u>MIKE</u> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1421 CENTRAL AVE</u>		Square Feet <u>1500</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	
Telephone No. _____		License No. <u>01371</u>	
Start Date (10) <u>9-18-18</u>		Scheduled Completion Date (11) <u>9-26-18</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>	
Street Address _____		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>3000 SF</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
Disposal Date _____		City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>9-8-18</u>

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



Date of Notification (1) 08/27/2018		Name of Building Owner/Operator (2) Woolwich Residential, LLC							
Agencies Notified	Type Notification	Street Address 120 W Germantown Pike, Suite 120	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plymouth Meeting, PA 19462							
		Name of Contact John Fiore, Jr.	Telephone Number 610-277-8899						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Farm at intersection of Kings Hwy and Asbury Station Rd		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 Intersection of Kings Hwy and Asbury Station Rd		Square Feet	# of Floors						
City (5) Woolwich, NJ		Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environment Concepts		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental, Inc.						
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive							
City, State, Zip Code Barrington, NJ 08007-1439		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Mike Menz		Telephone No. (609) 502-2213	License No. 01225						
Start Date (10) 09/17/2018	Scheduled Completion Date (11) 10/06/2018	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elizabeth Gosek		Title President		Signature 			Date 09/10/2018		

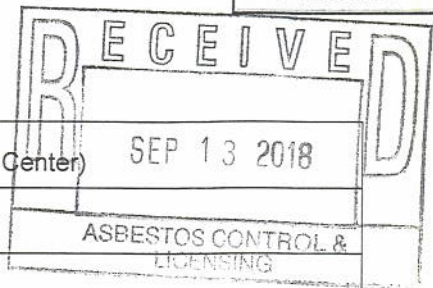


ASBESTOS CONTROL & LICENSING

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
Farm House			X	Flue packing	2 SF	X			
Farm House			X	Pipe insulation	1 LF	X			
Small Barn			X	Roof shingles	30,415 SF	X			
Worker House #1			X	Window glazing	10 windows	X			
Farm House #3			X	Window glazing	45 windows	X			
Farm House #3			X	Pipe insulation and debris	90 LF	X			
Farm House #3			X	Wall transite exterior	2,600 SF	X			
Garden Fruit Building			X	Window caulk	3 windows	X			
Fire-damaged Structure			X	Transite exterior	600 SF	X			
Worker House #3			X	Window glazing	11 windows	X			
Worker House #3			X	Transite	1,200 SF	X			

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



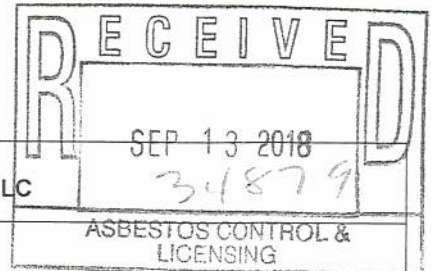
Date of Notification (1) 09/07/18		Check # 3249		Name of Building Owner/Operator (2) St. Mary (A Star is Rising Early Child Care Center)	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		21-31 New Milford Ave	
				City, State, Zip Code Dumont, NJ, 07628	
				Name of Contact Ed	
				Telephone Number 201-800-3244	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) A Star is Rising Early Child Care Center				Type of Facility (4)	
Street Address 21-31 New Milford Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Dumont				Square Feet 20,000+	# of Floors 3
				Bldg. Age 50+	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		Street Address 426 69th st			
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 09/17/18		Scheduled Completion Date (11) 09/18/18		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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: 9am				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room		X		ACM Pipe Insulation	3 LF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Employee		Signature 	Date 09/07/18

RECEIVED
SEP 13 2018
54878
ASBESTOS CONTROL & LICENSING

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

CH 34879

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



Date of Notification (1) 09 / 10 / 18		Name of Building Owner/Operator (2) Professional Government Associates, LLC		SEP 13 2018 34879					
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 909 Belmont Avenue City, State, Zip Code North Haledon, NJ 08508 Name of Contact Frank Catania Telephone Number 973-445-7373					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1000 sf						
City (5) Toms River			# of Floors 1		Bldg. Age 80				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932					
Start Date (10) 09 / 21 / 18		Scheduled Completion Date (11) 09 / 24 / 18		License No. 00624					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Name of OSHA Monitor E.M.S.L. Analytical						
Street Address 1056 Stelton			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey				Disposal Date 09/24/18		City, State Tullytown, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/10/18			

CH 7002

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

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="font-size: 1.2em; margin-top: 5px;">SEP 13 2018</div>
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/10/18		Name of Building Owner/Operator (2) Kara Harry Private Home				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Surf City NJ 08008 Name of Contact Jeff				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Kara Harry Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>		Square Feet 1000 +	# of Floors 2			
City (5) Surf City NJ 08008		Bldg. Age 50+				
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc			
Street Address		Street Address PO Box 329				
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727			
Start Date (10) 9/21/18	Scheduled Completion Date (11) 9/28/18		Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			City, State, Zip Code			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> </table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Yes	No	N/A				
Amount (Specify SF or LF)	Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Removal</td> <td style="width: 25%; text-align: center;">Repair</td> <td style="width: 25%; text-align: center;">Encapsulate</td> <td style="width: 25%; text-align: center;">Enclosure</td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure
Removal	Repair	Encapsulate	Enclosure			
Exterior Siding House and garage	Exterior Siding		2000 SF			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4			
City, State Elm NJ		Name of Registered Landfill G.R.O.W.S.				
Disposal Date 9/28/18		City, State Morrisville PA 1960				
Completed by Anthony T Perna		Title President	Signature 			
		Date 9/10/18				

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

B & G Proj #: 2018-167

*** NEW START DATE ***

Check # 9181

Date of Notification (1) 10/9/10 17/11/18		Name of Building Owner/Operator (2) Ocean County Mall S&S, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 13 2018 ASBESTOS CONTROL & REMEDIATION TELEPHONE NUMBER 732-244-8201 </div>
Agencies Notified	Type Notification	Street Address 1201 Hooper Avenue		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ 08753		
		Name of Contact Tara Melodick		
				Telephone Number 732-244-8201

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ocean County Mall, Sears Building & Auto Center (NON Sub 8)			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 1201 Hooper Avenue			Square Feet # of Floors Bldg. Age		
City (5) Toms River	County (6) Ocean	County Code (7) (State use only)	Current Use (Prior if being demolished) Vacant building		
Name of Monitoring Firm Hired by Bldg. Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 515 Grove Street, Suite 1B			Street Address 105 Ryerson Road		
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Alan Lloyd		Phone Number 856-547-0505	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/10/2018		Sched. Completion Date (11) 12/31/2018	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 7:00 am - 3:30 pm			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Exterior			<input checked="" type="checkbox"/>	roofing material	110,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
throughout building			<input checked="" type="checkbox"/>	white floor tile & mastic	55,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
auto center			<input checked="" type="checkbox"/>	transite exhaust pipe	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse			<input checked="" type="checkbox"/>	fittings with end cap mastic on insul	80 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 250 cy	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/10/18 - 12/31/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/07/2018

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

B & G proj. #: 2018-167

*** ON HOLD ***

Check # N/A

Date of Notification (1) <u>10/18/13/11/11/18</u>		Name of Building Owner/Operator (2) Ocean County Mall S&S, LLC		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED SEP 13 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 1201 Hooper Avenue		
	City, State, Zip Code Toms River, NJ 08753		Telephone Number 732-244-8201	
	Name of Contact Tara Melodick			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ocean County Mall, Sears Building & Auto Center (NON Sub 8)				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 1201 Hooper Avenue				Square Feet	# of Floors
City (5) Toms River	County (6) Ocean	County Code (7) (State use only)		Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Pennoni Associates, Inc.				ASCM No.	
Street Address 515 Grove Street, Suite 1B				Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code Haddon Heights, NJ 08035				Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm Alan Lloyd		Phone Number 856-547-0505		City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 09/04/2018		Sched. Completion Date (11) 12/31/2018		Telephone Number (973)696-6869	
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: work shift 7:00 am - 3:30 pm		Name of OSHA Monitor B & G Restoration, Inc.		License Number 00378	
Street Address 105 Ryerson Road				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <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"/> 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						
Exterior			<input checked="" type="checkbox"/>	roofing material	110,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
throughout building			<input checked="" type="checkbox"/>	white floor tile & mastic	55,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
auto center			<input checked="" type="checkbox"/>	transite exhaust pipe	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse			<input checked="" type="checkbox"/>	fittings with end cap mastic on insul	80 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

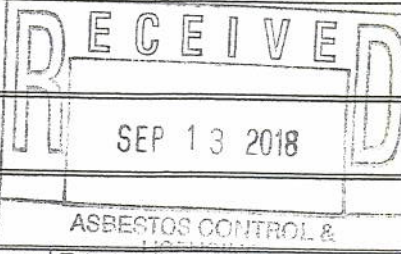
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 250 cy	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/04/18 - 12/31/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/31/2018

B & G proj. #: 2018-167

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

Non Sub 8

Check # 9162

Date of Notification (1) 10/18/12/10/11/18		Name of Building Owner/Operator (2) Jeffrey M Brown Associates, LLC		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 2337 Filmont Avenue		City, State, Zip Code Huntington Valley, PA 19006		
Name of Contact Chuck O'Connell		Telephone Number 215-938-5000		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ocean County Mall, Sears Building & Auto Center (NON Sub 8)			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 1201 Hooper Avenue			Square Feet # of Floors Bldg. Age		
City (5) Toms River	County (6) Ocean	County Code (7) (State use only)	Current Use (Prior if being demolished) Vacant building		
Name of Monitoring Firm Hired by Bldg. Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 515 Grove Street, Suite 1B			Street Address 105 Ryerson Road		
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Alan Lloyd		Phone Number 856-547-0505	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/04/2018		Sched. Completion Date (11) 12/31/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 7:00 am - 3:30 pm		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

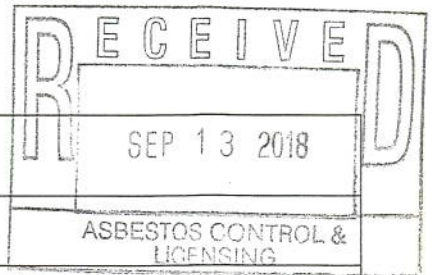
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l o s e
	Yes	No	N/A						
Exterior			<input checked="" type="checkbox"/>	roofing material	110,000 sf	<input checked="" type="checkbox"/>			
throughout building			<input checked="" type="checkbox"/>	white floor tile & mastic	55,000 sf	<input checked="" type="checkbox"/>			
auto center			<input checked="" type="checkbox"/>	transite exhaust pipe	80 lf	<input checked="" type="checkbox"/>			
Penthouse			<input checked="" type="checkbox"/>	fittings with end cap mastic on insul	80 fittings	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 250 cy	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/04/18 - 12/31/18		City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/20/2018

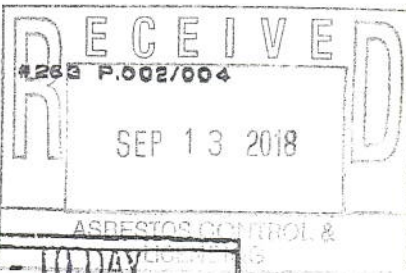
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) County of Passaic							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Andrew Thompson	Telephone Number (973) 881-4424						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		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 63 Hamilton Street									
City (5) Paterson		Square Feet 40,000	# of Floors 4						
County (6) Passaic		County Code (7)(STATE USE ONLY)	Bldg. Age 127 yrs						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	License No. 00411						
Start Date (10) 07 / 23 / 18	Scheduled Completion Date (11) 11 / 05 / 18	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM-__PM/ __PM-__AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(2 containment) 2nd, 3rd & Attics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and Ceiling Plaster	17,300 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated Ceiling Pane/Board	3,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date Various		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 9-11-18		

From:

07/20/2018 16:11



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

Date of Notification (1) <u>7</u> / <u>20</u> / <u>18</u>		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)		DOLL - 10 DAY 			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 401 Grand Street City, State, Zip Code Paterson, NJ 07605 Name of Contact Andrew Thompson	
FACILITY INFORMATION						WEAPONS APPROVED (873) 383-4424	
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building Street Address 63 Hamilton Street City (5) Paterson County (6) Passaic						Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 46,001 # of Floors 4 Bldg. Age 127 yrs	
Name of Monitoring Firm Hired by Building Owner (8) Langan Street Address 300 Kimball Drive City, State, Zip Code Parsippany, NJ 07054 Project Manager for Monitoring Firm Vijay Patel		ASCM No. 00099 Telephone No. (973) 500-4900		Name of Abatement Contractor (8) Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07090 Telephone No. (973) 806-1616 License No. 00411			
Start Date (10) <u>07</u> / <u>20</u> / <u>18</u>		Scheduled Completion Date (11) <u>8</u> / <u>15</u> / <u>18</u>		Name of OSHA Monitor Superior Abatement Inc			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>				Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07090			
Scopes of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
(2 containment) 2 nd , 3 rd & Attics		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Attic Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe Insulation 106 LF			
2 nd , 3 rd floor, Attic Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Wall and Ceiling Plaster 17,300 SF			
2 nd , 3 rd floor, Attic Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Contaminated Ceiling Panel/Board 3,600 SF			
Name of Registered Waste Hauler Service Transport Group, Inc City, State New Castle, DE		NJDEP Waste Hauler ID No. 8W2117		Cubic Yards of Waste 366 Disposal Date Various Name of Registered Landfill Minerva Landfill City, State Waynesburg, OH			
Completed By (Print or Type) Nick Petrovski		Title President		Signature Date 7-20-18			

ASB-41
MAY 11

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

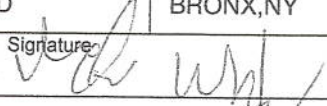
CH446

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

Print Form

SEP 13 2018

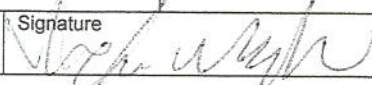
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/10/2018		Name of Building Owner/Operator (2) South Plainfield BOE						
Agencies Notified	Type Notification	Street Address 125 Jackson Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ, 07080						
		Name of Contact Thomas Wiggins	Telephone Number 908-217-2394					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Middle School		Type of Facility (4)						
Street Address 2201 Plainfield Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) South Plainfield		Square Feet N/A	# of Floors N/A					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address 208 Huyler Street		Street Address 89 Franklin Street						
City, State, Zip Code South Hackensack		City, State, Zip Code Paterson, NJ, 07524						
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-724-8124	Telephone No. 973-333-5144					
License No. 01274								
Start Date (10) 09/11/2018	Scheduled Completion Date (11) 09/12/2018		Name of OSHA Monitor EHW ABATEMENT LLC					
Occupancy Status During Abatement (Check Only One)		Street Address 89 Franklin Street						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Paterson, NJ, 07524						
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) <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
ELECTRICAL PANEL ROOM		X		VAT/MASTIC	6SF	X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER				
City, State PATERSON, NJ, 07524		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 09/10/2018		

CH 447

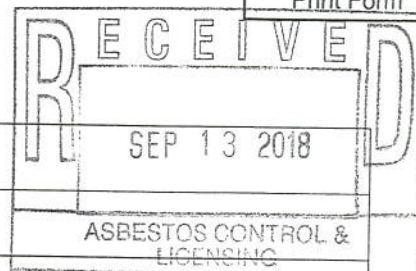
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

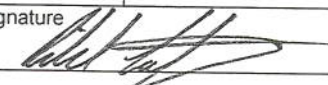
R	Print Form
	SEP 13 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 09/10/2018		Name of Building Owner/Operator (2) Vickie Carmody							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ, 07871							
		Name of Contact Vickie Carmody							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Sparta		Bldg. Age N/A							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 Franklin Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 201-724-8124	License No. 01274						
Start Date (10) 09/17/2018	Scheduled Completion Date (11) 09/18/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 Franklin Street							
		City, State, Zip Code Paterson, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	110sf	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ, 07524		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 			Date 09/07/2018		

PAID

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



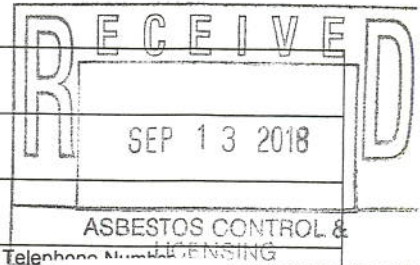
Date of Notification (1) 9/10/18		Name of Building Owner/Operator (2) Ken Walker							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> City, State, Zip Code Totowa, NJ 07512							
		Name of Contact Ken Walker	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Totowa		Square Feet 1725	# of Floors 2						
County (6) Passaic		Bldg. Age 65 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/11/18	Scheduled Completion Date (11) 9/14/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> 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"/> 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
Kitchen		x		Mastic	133 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/10/18			

PAID

Print Form

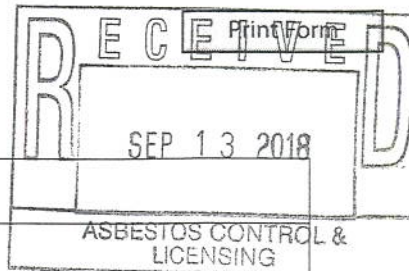
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25682



Date of Notification (1) 9/4/2018		Name of Building Owner/Operator (2) Lindsay							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highstown, NJ 08520							
		Name of Contact Michael Lindsay							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3500							
City (5) Highstown, NJ 08520		# of Floors 2							
County (6) Mercer		Bldg. Age 90+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. (609) 298-4070		Telephone No. 609 259-9688							
License No. 00493									
Start Date (10) 9/20/2018		Scheduled Completion Date (11) 9/28/2018							
Name of OSHA Monitor MECS									
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 checked="" type="checkbox"/> Other - Describe: 8am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	65 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ 08501		Disposal Date 9/28/18		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 9/11/18			

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



Date of Notification (1) 09/11/2018		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 2 Cedar Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Newark, NJ 07102	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Benjamin Olagadeyo	Telephone Number 973-938-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Student Center		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 230 Broadway		Square Feet 12,000	# of Floors 4
City (5) Newark		Bldg. Age 45	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) Withman		ASCM No.	Name of Abatement Contractor (9) SMAC Corp.
Street Address 7 Pleasant Hill Road		Street Address 431 North Midland Ave.	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732 390 5858	License No. 01110
Start Date (10) September 17, 2018	Scheduled Completion Date (11) October 17, 2018	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1056 Shelton Ave.	
		City, State, Zip Code Piscataway, NJ 08854	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Center Pipe Chase (hot and cold water lines)		X		Pipe Insulation including elbows and joints	500 LF	X			

Name of Registered Waste Hauler SMAC Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill	
City, State Saddle Brook, NJ 07663		Disposal Date 10/17/2018	City, State Morrisville, PA		
Completed by Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>	Date 09/11/2018		

B & G proj. #: 2018-182

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

Check # 9185

PAID

Date of Notification (1)

10/9/11/11/18

Name of Building Owner/Operator (2)

Maralyn West

Agencies Notified

Type Notification

☐ DEP☒ DOL☒ DOH☐ DCA☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

East Orange, NJ 07017

Name of Contact

Maralyn Ward

RECEIVED
SEP 13 2018ASBESTOS CONTROL &
LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Maralyn West

Street Address

City (5)

East Orange

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

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

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

09/21/2018

Sched. Completion Date (11)

09/22/2018

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

basement

pipe insulation

18 lf

☒☐☐☐Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1/2

Name of Registered Landfill

Grand Central Landfill

City, State
Lincoln Park, NJDisposal Date
09/22/2018City, State
Pen Argyle, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
09/11/2018

CH1141

PAID

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

R	E C E I V E D
Check # <u>1141</u>	
SEP 13 2018	

Date of Notification (1) <u>9/10/18</u>		Name of Building Owner/Operator (2) <u>STALWART EQUITIES INC</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>1649 49TH STREET</u>		City, State, Zip Code <u>BROOKLYN, NY 11204</u>							
Name of Contact <u>SAMUEL WACHSMAN</u>		Telephone Number <u>201-771-3002</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>ABANDONED FACTORY</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>701 12TH STREET</u>		Square Feet <u>40,000</u>							
City (5) <u>CARLSTADT</u>		# of Floors <u>2</u>							
County (6) <u>BERGEN</u>		Bldg. Age <u>62</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>PAINT PLANT / DEMO</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.							
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
City, State, Zip Code		Street Address <u>185 Vreeland Ave.</u>							
Project Manager for Monitoring Firm		City, State, Zip Code <u>Midland Park, N.J.</u>							
Telephone No.		Telephone No. <u>201-262-5841</u>							
Start Date (10) <u>9/24/18</u>		License No. <u>00156</u>							
Scheduled Completion Date (11) <u>10/24/18</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Hackensack, N.J. 07606</u>							
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
<u>THROUGH OUT</u>			<u>X</u>	<u>VAT</u>	<u>6,147 SF</u>	<u>X</u>			
<u>" "</u>			<u>X</u>	<u>PIPE</u>	<u>1,235 SF</u>	<u>X</u>			
<u>" "</u>			<u>X</u>	<u>COVE BASE</u>	<u>544 LF</u>	<u>X</u>			
<u>OUTSIDE</u>			<u>X</u>	<u>TANK DEBRIS</u>	<u>720 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>		Cubic Yards of Waste <u>20</u>		Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>			
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>9/24/18</u>		City, State <u>Pen Argyl, PA 08072</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u>		Date <u>9/10/18</u>			

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

chk # 3434

Date of Notification (1) 9 / 10 / 18		Name of Building Owner/Operator (2) E.I. duPont de Nemours		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 13 2018 </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road		
		City, State, Zip Code Parlin, NJ 08859		
		Name of Contact Nichol Reinhold		
		Telephone Number 732-613-2400		ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Cyrel 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 250 Cheesequake Road			
City (5) Parlin		Square Feet	# of Floors
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	
Street Address 3 Terri Lane		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm John Lutz		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509
Start Date (10) 9 / 24 / 18	Scheduled Completion Date (11) 9 / 24 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cyrel Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 9/24/18		City, State Fairless Hills, PA 19047	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>		Date 9-10-18	

ASB-41
MAY 11 **GI18202**

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

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

chk # 3434

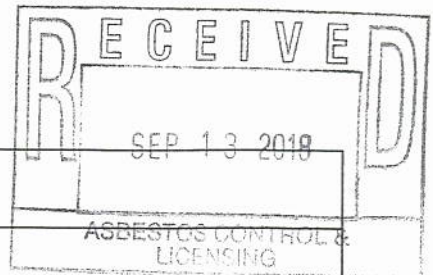
Date of Notification (1) <div style="text-align: center;">9 / 10 / 18</div>		Name of Building Owner/Operator (2) E.I. duPont de Nemours		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 13 2018 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 250 Cheesequake Road			
		City, State, Zip Code Parlin, NJ 08859				Name of Contact Nichol Reinhold			
						Telephone Number 732-613-2400			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Admin 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 250 Cheesequake Road									
City (5) Parlin				Square Feet	# of Floors				
				Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <div style="text-align: center;">9 / 25 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 26 / 18</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Secured Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Fairless Landfill				
City, State Bristol, PA				Disposal Date 9/26/18	City, State Fairless Hills, PA 19047				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 9-10-18			

ASB-41
 MAY 11 *GI18203*

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

CK1321

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

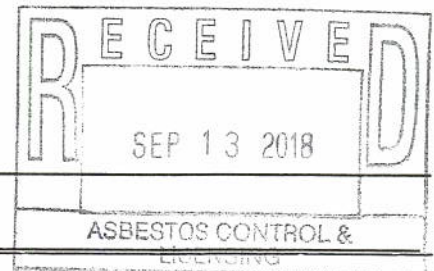


Date of Notification (1) 09 / 10 / 18		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 908-670-5711						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1200 Randolph Road- Building 6		Square Feet							
City (5) Plainfield		# of Floors	Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 09 / 19 / 18	Scheduled Completion Date (11) 10 / 31 / 18	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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	150 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 ATC/ Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ GROWS North Landfill/ Fairless Landfill					
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD	City, State Waynesburg, OH/ Morrisville, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager		Signature <i>Allen Monchik</i>			Date 9/10/18			

D&S Proj. #: 18-185

PAID

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



Date of Notification (1) 10/9/18		Name of Building Owner/Operator (2) tom and laura carroll	
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 Upper Montclair, NJ 07043	
Name of Contact tom and laura carroll		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) tom and laura carroll			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Upper Montclair	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/19/18		Sched. Completion Date (11) 10/08/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	151 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/19/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/07/2018