

Check No 3050

PAID

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

RECEIVED

SEP 16 2019

ASBESTOS CONTROL & LICENSING

| | | | |
|--|---|--|--|
| Date of Notification (1) 9/11/2019 | | Name of Building Owner / Operator (2) Parkview at Collingswood Urban Renewal Owner LLC | |
| Agencies Notified | Type Notification | Street Address 160 Clubhouse Road | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code King of Prussia, PA 19406 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Jackie DeRita | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number 856-854-5906 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

| FACILITY INFORMATION | | | |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Morgan Properties/Parkview at Collingswood-*Building D* | | 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 700 W. Browning Road | | Square Feet 211,000 | # of Floors 10 |
| City (5) Collingswood | County (6) Camden | Bldg. Age 70 | |
| County Code (7) 08107 | | Current Use (Prior if being demolished) Apartments | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | Name of Abatement Contractor (9) Resource Management Group, LLC. | |
| Street Address P.O. Box 365 | | Street Address 2115 Hamilton Avenue, Suite 202 | |
| City, State & Zip Code Berlin, NJ 08009 | | City, State & Zip Code Trenton, NJ 08619 | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone Number 856-839-2432 | Telephone Number 609-914-4279 | License Number 01185 |
| Scheduled Start Date (10) 9/26/2019 | Scheduled Completion Date (11) 10/3/2019 | Name of OSHA Monitor J&S Environmental Laboratories, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 6pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | 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 checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Building D-Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 750 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Resource Management Group, LLC. | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ 08619 | Disposal Date TBD | City, State Morrisville, PA | |
| Completed By (Print or Type) Brian Haney | Title President | Signature <i>Brian Haney</i> | Date 9/11/2019 |

Inv# 14461

6607 - NJ

PAIDNOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60-7 and 12:120-7Initial Notification
Check #: 7551

Date of Notification (1) 09/10/19 Name of Building Owner/Operator (2) _____
 County of Hudson
 Street Address
 567 Pavonia Ave., 3rd Floor
 City, State, Zip Code
 Jersey City, NJ 07306
 Name of Contact
 Ralph Sax
 Telephone Number
 201-369-2777 x.2987

Agencies Notified Type Notification
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA
☒ Initial Notification
☐ Amended Notification
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Hudson County Admin. Bldg. - Sheriff's Office Area
 Street Address
 595 Newark Avenue
 City (5)
 Jersey City, NJ 07306
 County (6)
 Hudson
 County Code (7)
 (STATE USE ONLY)
 Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)
 Square Feet # of Floors Bldg. Age
 50,000 9 50
 Current Use (Prior if being demolished)
 Administration Building
 Name of Monitoring Firm Hired by Building Owner (8)
 Whitman Companies, Inc.
 Street Address
 7 Pleasant Hill Rd.
 City, State, Zip Code
 Cranbury, NJ 08512
 Project Manager for Monitoring Firm
 Kevin Lovely
 Telephone Number
 (732) 390-5858
 Name of Abatement Contractor (9)
 Four Strong Builders, Inc.
 Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013-1935
 Telephone Number
 973-614-0377
 License Number
 00807
 Name of OSHA Monitor
 Four Strong Builders, Inc.
 Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☒ 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) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|--|---------------------------|-------------------------------------|---|---|---|---|
| | | | | R | E | E | N | E |
| Sheriff's Office Area - Back Office | <input checked="" type="checkbox"/> | Acoustical Ceiling Plaster | 350 SF | <input checked="" type="checkbox"/> | | | | |
| Sheriff's Office Area - Back Office | <input checked="" type="checkbox"/> | VAT & associated mastic | 350 SF | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | | |
| | | | | | | | | |

Name of Registered Waste Hauler
 Four Strong Builders, Inc.
 City, State
 Clifton, NJ
 NJDEP Waste Hauler ID No.
 12609
 Cubic Yards of Waste
 Disposal Date
 Name of Registered Landfill
 G.R.O.W.S., Inc.
 City, State
 Tullytown, PA
 Completed By (Print or Type)
 Bilyana Kulakovska
 Title
 Office Administrator
 Signature
 [Signature]
 Date
 9/10/19

ASB-41
JUN 95

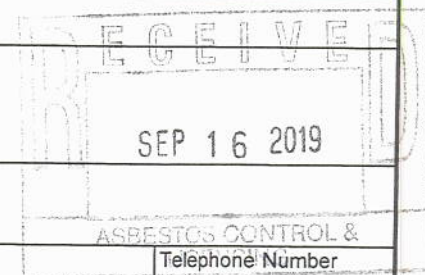
G4667

PAID

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

Check # 2194

| | | | |
|--|---|---|---|
| Date of Notification (1) September 11, 2019 | | Name of Building Owner / Operator (2) Bank of America | |
| Agencies Notified | Type Notification | Street Address 502 Central Avenue | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation | City, State & Zip Code Teterboro, NJ 07608 | |
| | | Name of Contact Tom Ashman | Telephone Number 607-624-9548 |



FACILITY INFORMATION

| | | | |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bank of America | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| Street Address 502 Central Avenue | | Square Feet 3,500 | # of Floors 1 |
| City (5) Teterboro | | Bldg. Age 60 | |
| County (6) Bergen | | Current Use (Prior if being demolished) Bank | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) New York Environmental | | ASCM No. | |
| Street Address 88 Harbor Road | | Name of Abatement Contractor (9) Synatech, Inc. | |
| City, State & Zip Code Port Washington, NY 11050 | | Street Address 829 Radio Road | |
| Project Manager for Monitoring Firm Michael Baudo | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Telephone Number 516-805-2703 | | Telephone Number 609-296-6916 | License Number 00817 |
| Scheduled Start Date (10) September 21, 2019 | Scheduled Completion Date (11) October 28, 2019 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 50 lf
☒ ≥ 160 sf or ≥ 260 lf

- ☐ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|---|-----|---|--|-----------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Lobby, Sales Platform, Office, Teller Line | | | X | Carpet Mastic | 3,000 SF | X | | | |
| Safe Deposit Vault | | | X | Floor Tile and Mastic | 100 SF | X | | | |
| Teller Line, Coupon Booths, Vault Lobby | | | X | Mastic on Tile | 780 SF | X | | | |
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | | Cubic Yards of Waste 14 | Name of Registered Landfill Fairless Hills | | | | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date October 29, 2019 | | City, State Morrisville, PA | | | | | |
| Completed By Diane Aloia | | Title Executive Administrator | | Signature <i>Diane Aloia</i> | | Date September 11, 2019 | | | |

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

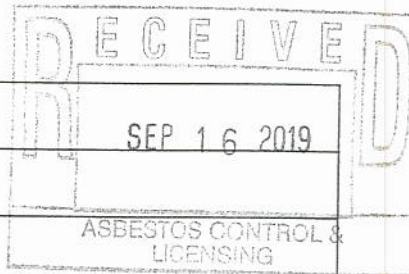
Inv# 14331

Check NO. 0083

Print Form

PAID

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



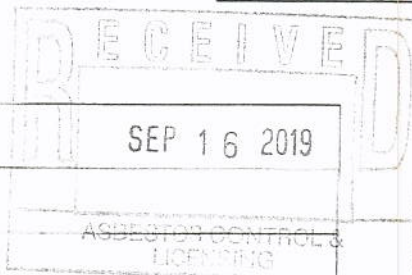
| | | | | | | | | | |
|--|---|---|--|--|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 09/11/2019 CHECK # 0283 | | Name of Building Owner/Operator (2) | | | | | | | |
| Agencies Notified | Type Notification | Street Address 165 PEAR ST | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code PATERSON NJ, 07501 | | | | | | | |
| | | Name of Contact SHAYA ZIRKIND | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 165 PEAR ST | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) PATERSON NJ, 07501 | | Square Feet 50X100 | # of Floors 2FL | | | | | | |
| County (6) BERGEN | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) OCCUPIDE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING | | | | | | | |
| City, State, Zip Code | | Street Address 24 CHURCH ST | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code ELMWOOD NJ, 07407 | | | | | | | |
| Telephone No. | | Telephone No. 201- 873 9418 | License No. 01301 | | | | | | |
| Start Date (10) 09/24/2019 | Scheduled Completion Date (11) 09/25/2019 | Name of OSHA Monitor ALL SOLUTIONS CONTRACTING | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 24 CHURCH ST | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 3:30 | | City, State, Zip Code ELMWOOD NJ, 07407 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | | X | PIPE INSULATION | 80LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATLANTIC CARTING | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste TDB | Name of Registered Landfill GRAND CENTRAL | | | | | |
| City, State PEN ARGYL PA 18072 | | | Disposal Date TDB | City, State PEN ARGYL PA 18072 | | | | | |
| Completed by LUIS ARCILA | | Title PRESIDENT | Signature <i>[Signature]</i> | | | Date 09/11/2019 | | | |

Inv# 14454

Check No. 3156

Print Form

PAID

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

| | | | | | |
|--|--|---|---|--|----------------------|
| Date of Notification (1) 8/13/19 | | Name of Building Owner/Operator (2) Jason Barger | | SEP 16 2019 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] | |
| | | City, State, Zip Code Point Pleasant, NJ 08742 | | ASBESTOS CONTROL & LICENSING | |
| | | Name of Contact Eric Plackis | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 2 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | | | |
| City (5) Point Pleasant | | | Square Feet 975 | # of Floors 1 | Bldg. Age 59 |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Brick Industries, Inc. | |
| Street Address | | | | Street Address PO Box 915 | |
| City, State, Zip Code | | | | City, State, Zip Code Brick, NJ 08723 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-899-7499 | License No. 01196 |
| Start Date (10) 8/14/19 | | Scheduled Completion Date (11) 8/21/19 | | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address | |
| | | | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> <3 sf or <3 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Frangible 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) | |
| | | X | | Flue Piping | |
| | | | | 12LF | |
| | | | | X | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Brick Industries, Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 3 | Name of Registered Landfill Grows North Landfill | |
| City, State Brick, NJ | | Disposal Date | | City, State Morrisville, PA | |
| Completed by Eric Plackis | | Title President | Signature [Signature] | | Date 8/13/19 |

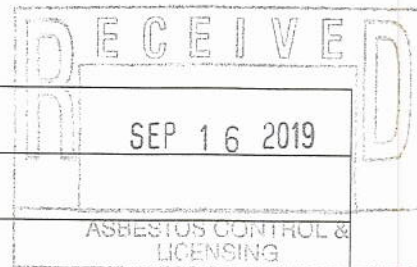
Inv# 13657

Check No. 8732

PAID

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

Print Form



| | | | | | | | | | |
|--|--|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09/10/19 | | Name of Building Owner/Operator (2) Matts Construction | | | | | | | |
| Agencies Notified | Type Notification | Street Address 14 Irene Court | | | | | | | |
| <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 Lakewood, NJ, 08701 | | | | | | | |
| | | Name of Contact Matts Construction | Telephone Number 732-905-4494 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Lakewood | | Square Feet | # of Floors | | | | | | |
| County (6) Ocean | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) 08701 | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 09/22/2019 | Scheduled Completion Date (11) 09/25/2019 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 | | | | ACM Siding | 2000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 12 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 09/25/2019 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 09/10/19 | | | |

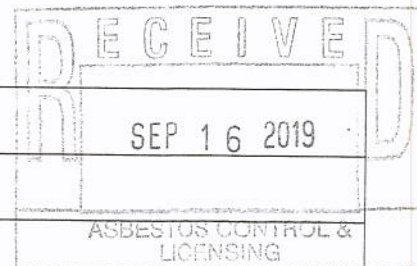
Inv#-14449

Check No. 8731

Print Form

PAID

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



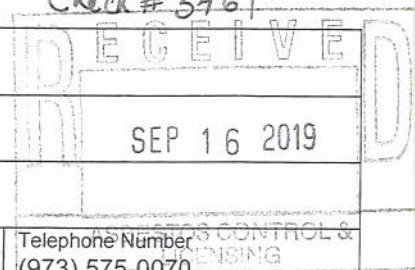
| | | | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 09/10/19 | | Name of Building Owner/Operator (2) Timster Trucking | | | | | | | |
| Agencies Notified | Type Notification | Street Address 128 Bartlett Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code West Creek, NJ, 08092 | | | | | | | |
| | | Name of Contact Timster Trucking | Telephone Number 609-294-4900 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Loveladies/ Beach Haven | | Square Feet | # of Floors | | | | | | |
| County (6) Ocean | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | 732-668-9078 | 1200 | | | | | | |
| Start Date (10) 09/22/2019 | Scheduled Completion Date (11) 09/26/2019 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 | | | | ACM Siding | 2500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 12 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 09/26/2019 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 09/10/19 | | |

Inv# - 14448

PAID

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

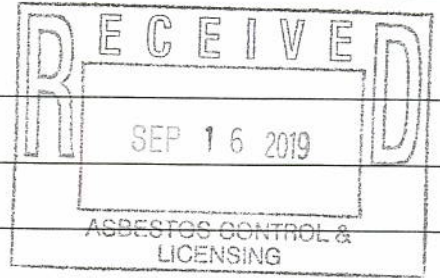
Check # 3461



| | | | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 8/30/2019 | | Name of Building Owner/Operator (2) 12 Route 46, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 77 Bloomfield Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Pine Brook, New Jersey 07058 | | | | | | | |
| | | Name of Contact Mr. Allan Markus, Esq. | Telephone Number (973) 575-0070 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Pine Brook Motor Inn - Main 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 12 State Route 46 | | Square Feet 47,756 | # of Floors 2 | | | | | | |
| City (5) Pine Brook | | Bldg. Age 50 | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) 07058 | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. | Name of Abatement Contractor (9) Sky Contracting, LLC | | | | | | |
| Street Address | | Street Address 1385 Valley Road, Suite K | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, New Jersey 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (973) 928-5040 | License No. 00874 | | | | | | |
| Start Date (10) 9/16/2019 | Scheduled Completion Date (11) 12/30/2019 | Name of OSHA Monitor Sky Contracting, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1385 Valley Road, Suite K | | | | | | | |
| | | City, State, Zip Code Wayne, New Jersey 07470 | | | | | | | |
| 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 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 |
| See Attached | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group, Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises, LLC | | | | | |
| City, State New Castle, Delaware | | Disposal Date TBD | | City, State Waynesburg, Ohio | | | | | |
| Completed by Ljiljana Sekularac | | Title Office Assistant | | Signature | | Date 8/30/2019 | | | |

Inv#14445

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



CK5591

PAID

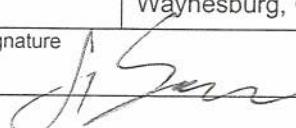
| | | | | | | | | | |
|---|--|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 09/06/2019 | | Name of Building Owner/Operator (2) William Dobson | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <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 Westfield, NJ 07090 | | | | | | | |
| | | Name of Contact William Dobson | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Westfield | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) 07090 | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 9733458685 | | | | | | |
| | | | License No. 01311 | | | | | | |
| Start Date (10) 09/17/2019 | | Scheduled Completion Date (11) 09/18/2019 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 Furnace Room | | X | | Pipe Insulation | 30 LF | X | | | |
| Basement Laundry Room | | X | | Pipe INSulation | 6 LF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature [Signature] | | Date 09/06/2019 | | | |

Inv#14439

PAID

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

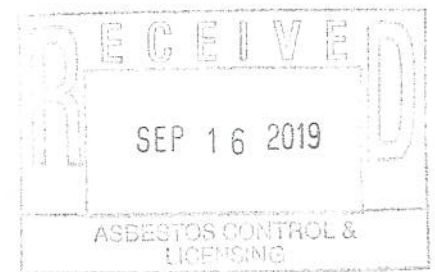
Check # 3460

| | | | | | | | | | |
|--|--|--|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 8/30/2019 | | Name of Building Owner/Operator (2) 12 Route 46, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 77 Bloomfield Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Pine Brook, New Jersey 07058 | | | | | | | |
| | | Name of Contact Mr. Allan Markus, Esq. | Telephone Number (973) 575-0070 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Pine Brook Motor Inn - Old Game Room 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 12 State Route 46 | | Square Feet 2,500 | # of Floors 2 | | | | | | |
| City (5) Pine Brook | | Bldg. Age 63 | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. | Name of Abatement Contractor (9) Sky Contracting, LLC | | | | | | |
| Street Address | | Street Address 1385 Valley Road, Suite K | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, New Jersey 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | (973) 928-5040 | 00874 | | | | | | |
| Start Date (10) 9/16/2019 | Scheduled Completion Date (11) 12/30/2019 | Name of OSHA Monitor Sky Contracting, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1385 Valley Road, Suite K | | | | | | | |
| | | City, State, Zip Code Wayne, New Jersey 07470 | | | | | | | |
| 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 |
| See Attached | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group, Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises, LLC | | | | | |
| City, State New Castle, Delaware | | | Disposal Date TBD | City, State Waynesburg, Ohio | | | | | |
| Completed by Ljiljana Sekularac | | Title Office Assistant | Signature  | | | Date 8/30/2019 | | | |

Inv# - 14437

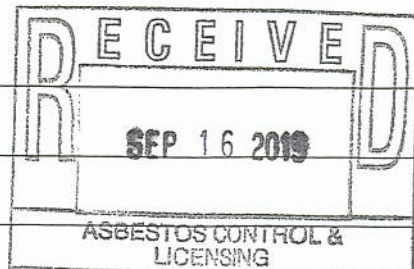
Old Game Room Building
 12 State Route 46
 Pine Brook, New Jersey

| 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 |
| Old Game Room Building | | x | | Roof Flashing & Pitch Pockets (All Roofs) | 310 SF | x | | | |
| Old Game Room Building | | x | | Transite Panel (Boiler Room & Garage) | 150 SF | x | | | |
| Old Game Room Building | | x | | Floor Tiles (Throughout 1 st Floor apartment under carpet) | 1,000 SF | x | | | |
| Old Game Room Building | | x | | Brown Linoleum (2 nd Floor Apartment – Two Rooms) | 250 SF | x | | | |
| Old Game Room Building | | x | | Tar Vapor Barrier (Exterior Façade of 2 nd FL Penthouse) | 500 SF | x | | | |



NOCK

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



| Date of Notification (1) 09/06/2019 | | Name of Building Owner/Operator (2) Columbia Care Inc. | | | | | | | |
|--|---|--|--|---|--|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 321 Billerica Road, Suite 204 | | | | | | | |
| <input 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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | City, State, Zip Code Chelmsford, MA 01824 | | | | | | | |
| | | Name of Contact Sabastian Grant c/o MidAtlantic Eng Partners | Telephone Number 609-337-3946 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | Type of Facility (4) | | | | | | | |
| Street Address 1560 North West Boulevard | | <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) Vineland, New Jersey | | Square Feet 10,000 | # of Floors 2 | | | | | | |
| County (6) Cumberland | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 500 South Broad Street | | Street Address 246 Union Boulevard | | | | | | | |
| City, State, Zip Code Glen Rock, New Jersey 07452 | | City, State, Zip Code Totowa, New Jersey 07512 | | | | | | | |
| Project Manager for Monitoring Firm Bruce Wolf | | Telephone No 201-652-1119 | Telephone No 973-225-8400 | | | | | | |
| Start Date (10) 06/03/2019 | | Scheduled Completion Date (11) 06/24/2019 | License No. 01104 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | | |
| <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 | | | | | | | |
| Scope of Work (Check All That Apply) | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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 of LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | | X | Grey Window Caulk/Glazing | 1980 LF | X | | | |
| Boiler Room | X | | | Grey Flue Vent | 3-6 SF | X | | | |
| 1st Floor | | X | | Vinyl Floor Tile | 120 SF | X | | | |
| 1st Floor | | X | | Plaster | 1000 SF | X | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 40 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Totowa, New Jersey | | Disposal Date 06/24/2019 | | City, State Morrisville, PA | | | | | |
| Completed by Adriana Olejarova | | Title President | | Signature | | Date 09/06/2019 | | | |

RECEIVED

Check No. 1492

SEP 16 2010

ASBESTOS CONTROL & LICENSING

ASB-41 (R-06-08)

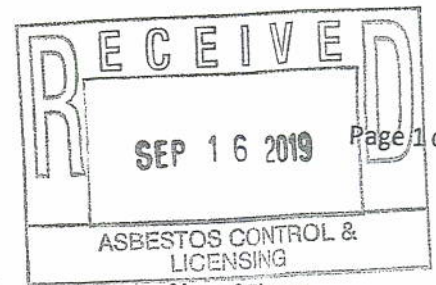
CH13849

PAID

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

| | |
|------------------------------|------------|
| RECEIVED | Print Form |
| SEP 16 2019 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|----------------------------------|--|
| Date of Notification (1) 8-19-19 | | Name of Building Owner/Operator (2) HRP Hudson, LLC | | Street Address 401 N Michigan Ave, Suite 1630 | | City, State, Zip Code Chicago, IL 60611 | | Name of Contact Genaro Holguin | | Telephone Number 312-796-6593 | |
| Agencies Notified | | Type Notification | | FACILITY INFORMATION | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | |
| Street Address Dutfield Avenue | | City (5) Jersey City | | County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Square Feet 627,470 | | # of Floors 10 | |
| Bldg. Age 55 | | Current Use (Prior if being demolished) Power Plant | | Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. | | Name of Abatement Contractor (9) Precision Environmental Company | | | |
| Street Address | | City, State, Zip Code | | Street Address 5500 Old Brecksville Rd | | City, State, Zip Code Independence, Ohio 44131 | | Telephone No. 216-642-6040 | | License No. 01212 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Precision Environmental Company | | Street Address 5500 Old Brecksville Rd | | City, State, Zip Code Independence, Ohio 44131 | | | |
| Start Date (10) 9-17-19 | | Scheduled Completion Date (11) 12-20-19 | | Occupancy Status During Abatement (Check Only One) | | <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | | |
| Scope of Work (Check All That Apply) | | <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | Yes No N/A | | | | | | Removal Repair Encapsulate Enclosure | | | |
| SEE ATTACHED LIST | | | | | | | | ✓ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Delaware Valley Container | | NJDEP Waste Hauler ID No. 12838 | | Cubic Yards of Waste 900 | | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Redding, PA | | Disposal Date | | City, State Newburg, PA | | | | | | | |
| Completed by John Savage | | Title Vice President | | Signature John Savage | | Date 9-9-19 | | | | | |



Hudson Generating Station

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

| Bottom Ash Transport | QTY | Category |
|--------------------------------|-----------|----------|
| No Asbestos Reported | | |
| Intake Structure | | |
| No Asbestos Reported | | |
| Barge Unloader | | |
| No Asbestos Reported | | |
| Conveyor & Transfer House | | |
| No Asbestos Reported | | |
| P1 - Storage Building | | |
| No Asbestos Reported | | |
| P2 - Coal Conveyor | | |
| No Asbestos Reported | | |
| P2 - Coal Handling Structure | | |
| No Asbestos Reported | | |
| P3 - Service / Office Building | | |
| Duct Insulation | 200 SF | RACM |
| Floor Tile & Mastic | 1,800 SF | Cat I |
| Pipe Fittings | 460 LF | RACM |
| Galbestos Siding | 12,600 SF | Cat II |
| Pipe Insulation | 3,600 LF | RACM |
| Cement Board | 16 SF | Cat II |

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1) 8-19-19 | | Name of Building Owner/Operator (2) HRP Hudson, LLC | | | | | | | |
| 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 401 N Michigan Ave, Suite 1630 | | City, State, Zip Code Chicago, IL 60611 | | | | | | | |
| Name of Contact Genaro Holguin | | Telephone Number 312-796-6593 | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station | | | | | | | | | |
| Street Address Dutfield Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City | | Square Feet 627,470 | # of Floors 10 | | | | | | |
| County (6) Hudson | | Bldg. Age 55 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Power Plant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Precision Environmental Company | | | | | | | |
| City, State, Zip Code | | Street Address 5500 Old Brecksville Rd | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Independence, Ohio 44131 | | | | | | | |
| Telephone No. | | Telephone No. 216-642-6040 | License No. 01212 | | | | | | |
| Start Date (10) 9-3-19 | Scheduled Completion Date (11) 12-20-19 | | Name of OSHA Monitor Precision Environmental Company | | | | | | |
| 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 5500 Old Brecksville Rd | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SEE ATTACHED LIST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delaware Valley Container | | NJDEP Waste Hauler ID No. 12838 | Cubic Yards of Waste 900 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Redding, PA | | Disposal Date | | City, State Newburg, PA | | | | | |
| Completed by John Savage | | Title Vice President | | Signature John Savage | | | | Date 8-19-19 | |

INV 14170
Ch 3157

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

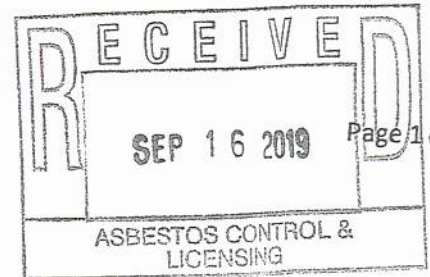
RECEIVED Print Form
SEP 16 2019
ASBESTOS CONTROL & LICENSING

| | | | | | | | | |
|--|---|--|---|---|----------------|----------------|--------|-------------|
| Date of Notification (1) 9/3/19 | | Name of Building Owner/Operator (2) John Ockay | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Rutherford, NJ 07070 | | | | | | |
| Name of Contact Eric Plackis | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Rutherford | | Square Feet 554 | # of Floors 64 | | | | | |
| County (6) Bergen | | Current Use (Prior if being demolished) Condo | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Brick Industries, Inc. | | | | | |
| Street Address | | Street Address PO Box 915 | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, NJ 08723 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-899-7499 | License No. 01196 | | | | | |
| Start Date (10) 9/4/19 | Scheduled Completion Date (11) 9/11/19 | | Name of OSHA Monitor | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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 |
| | | | X | Floor Tile | 120SF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries, Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 3 | Name of Registered Landfill Grows North Landfill | | | | |
| City, State Brick, NJ | | Disposal Date 9/11/19 | | City, State Morrisville, PA | | | | |
| Completed by Eric Plackis | | Title President | | Signature [Signature] | | Date 9/3/19 | | |

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

| | |
|------------------------------|-------------|
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| | SEP 16 2019 |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | | |
|---|--|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 8-19-19 | | Name of Building Owner/Operator (2) HRP Hudson, LLC | | | | | | | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 401 N Michigan Ave, Suite 1630 | | | | | | | |
| | | City, State, Zip Code Chicago, IL 60611 | | | | | | | |
| | | Name of Contact Genaro Holguin | Telephone Number 312-796-6593 | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station | | | | | | | | | |
| Street Address Dutfield Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City | County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Square Feet 627,470 | | | | | | |
| | | | # of Floors 10 | | | | | | |
| | | | Bldg. Age 55 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. _____ | Current Use (Prior if being demolished) Power Plant | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Precision Environmental Company | | | | | | | |
| City, State, Zip Code | | Street Address 5500 Old Brecksville Rd | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Independence, Ohio 44131 | | | | | | | |
| Telephone No. _____ | | Telephone No. 216-642-6040 | License No. 01212 | | | | | | |
| Start Date (10) 9-3-19 | Scheduled Completion Date (11) 12-20-19 | Name of OSHA Monitor Precision Environmental Company | | | | | | | |
| 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 5500 Old Brecksville Rd | | | | | | | |
| | | City, State, Zip Code Independence, Ohio 44131 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SEE ATTACHED LIST | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delaware Valley Container | | NJDEP Waste Hauler ID No. 12838 | Cubic Yards of Waste 900 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Redding, PA | | Disposal Date | | City, State Newburg, PA | | | | | |
| Completed by John Savage | | Title Vice President | Signature John Savage | | | Date 8-19-19 | | | |



Hudson Generating Station

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

Bottom Ash Transport
No Asbestos Reported

QTY Category

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

Conveyor & Transfer House
No Asbestos Reported

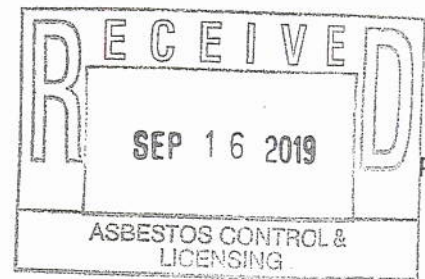
P1 - Storage Building
No Asbestos Reported

P2 - Coal Conveyor
No Asbestos Reported

P2 - Coal Handling Structure
No Asbestos Reported

P3 - Service / Office Building

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



P3 - Locker Room Building
No Asbestos Reported

P3 - Turbine Building
Coating
Floor Tile & Mastic

| | |
|-----------|--------|
| 32,000 SF | Cat II |
| 400 SF | Cat I |

P3 - Unit 1

Pipe Insulation
Pipe Fittings
Tank Insulation
Galbestos Siding

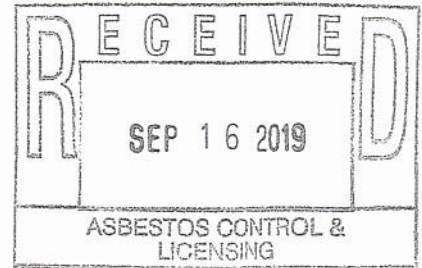
| | |
|----------|--------|
| 4,100 LF | RACM |
| 84 EA | RACM |
| 220 SF | RACM |
| 3,100 SF | Cat II |

P3 - Unit 2

Pipe Insulation
Tank Insulation
Galbestos Siding

| | |
|----------|--------|
| 2,750 LF | RACM |
| 450 SF | RACM |
| 2,800 SF | Cat II |

**Hudson Generating Station
Precision Environmental Work Hours**



Week 1 (Week of 9/16/19)

Monday off
Tuesday: 7am to 5:30pm (Sept 17th Start)
Wednesday: 7am to 5:30pm
Thursday: 7am to 5:30pm
Friday: 7am to 5:30pm
Saturday 7am to 3:30pm
Sunday: off

Week 2-

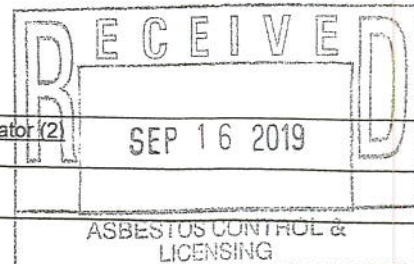
Monday: 7am to 5:30pm
Tuesday: 7am to 5:30pm
Wednesday 7am to 5:30pm
Thursday 7am to 5:30pm
Friday off
Saturday off
Sunday off

****Precision Environmental shall follow the above listed work hours on a rotating two week schedule****

This schedule shall take effect at the listed state date

Notification of Asbestos Abatement

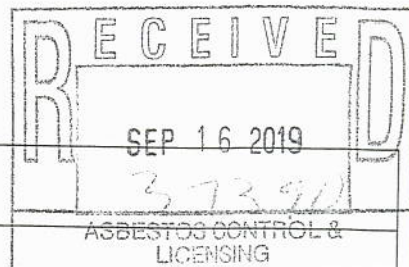
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



| | | | |
|---|--|--|----------------------------|
| Date of Notification (1) 9/10/2019 | | Name of Building Owner/Operator (2) Igor Bass | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled | |
| Street Address [REDACTED] | | City, State, Zip Code Fair Lawn NJ 07410 | |
| Name of Contact Alex Kaminsky | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Private House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.) | |
| Street Address [REDACTED] | | Sq. Feet: # 700 of Floors: 1 Bldg. Age: 70 years old | |
| City (5) Fair Lawn, NJ 07410 | County (6) Bergen | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America, Inc | | ASCM No. | |
| Street Address 9 Glenside Trail | | Name of Contractor (9) BL Contracting Inc. | |
| City, State, Zip Code Sparta NJ 07871 | | Street Address 5 Marguerite Lane | |
| Project Manager for Monitoring Firm Mike Chane | | City, State, Zip Code Towaco NJ 07082 | |
| Telephone Number 732-921-9223 | | Telephone Number 973-901-0153 | License Number 01265 |
| Scheduled Start Date (10) 9/20/2019 | | Scheduled Completion Date (11) 9/29/2019 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-4:30 PM | | Name of OSHA Monitoring | |
| Street Address | | City, State, Zip Code | |
| Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf $X \geq 160$ sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div> | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) | Amount (Specify SF or LF) |
| Basement | <input checked="" type="checkbox"/> | Floor Tile | 800 SF |
| | | | |
| | | | |
| Name of Reg. Waste Hauler BL Contracting Inc | | NJDEP Waste Hauler ID # 0036784 | Cubic Yards of Waste 10 |
| Name of Registered Landfill T.R.R..F | | Disposal Date 9/30/2019 | |
| City, State Tully town, PA | | Date 9/10/2019 | |
| Completed by (Print or Type) Nedo Vasilic | Title Project Manager | Signature Nedo Vasilic | Date 9/10/2019 |

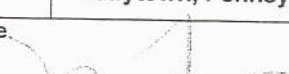
Inv 14420
CK 37390

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



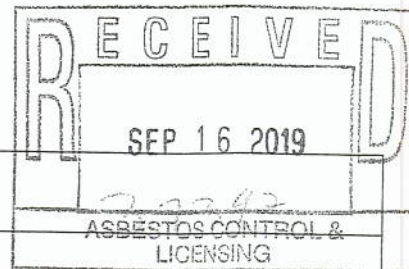
| Date of Notification (1) 09 / 11 / 19 | | Name of Building Owner/Operator (2) Tim Smith | | | | | | | |
|--|---|--|-----------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Oakhurst, NJ 07755 | | | | | | | |
| | | Name of Contact Tim Smith | 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 and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Oakhurst | Square Feet 2500 | # of Floors 2 | Bldg. Age 60 | | | | | | |
| County (6) Monmouth | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 09 / 26 / 19 | Scheduled Completion Date (11) 09 / 27 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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/crawlspace | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos pipe insulation | 250 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 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 09/27/19 | City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 9/10/19 | | | |

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SEP 16 2019
37391
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | | | |
|--|--|--|--|---|-----------------------------------|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 11 / 19 | | Name of Building Owner/Operator (2) D & A Demo, LLC | | SEP 16 2019 37391 ASBESTOS CONTROL & LICENSING | | | | | | | |
| 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 2156 Camplain Road City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Antonio Dimuzio Telephone Number 732-713-4496 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Bank Street Address 1005 Hamburg Turnpike City (5) Wayne County (6) Passaic | | | 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.) Square Feet 5000 sf # of Floors 2 Bldg. Age 60 County Code (7)(STATE USE ONLY) 07470 Current Use (Prior if being demolished) Former Bank | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Street Address 256 A Jefferson Court City, State, Zip Code Lakewood, NJ 08701 Project Manager for Monitoring Firm Kelly Walton Telephone No. 908-862-4301 | | Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 732-349-9932 License No. 00624 | | | | | | | | | |
| Start Date (10) 09 / 26 / 19 Scheduled Completion Date (11) 10 / 04 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | | | | | | | |
| 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) | | Abatement Type | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| interior | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | asbestos floor tile and mastic | | 1200 sf | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| interior | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | linoleum | | 600 sf | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | stucco | | 1800 sf | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey | | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 30 | | Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | | Title Project Manager | | | Signature  | | | Date 10/1/19 | | |

Inv-14415
CK 373012

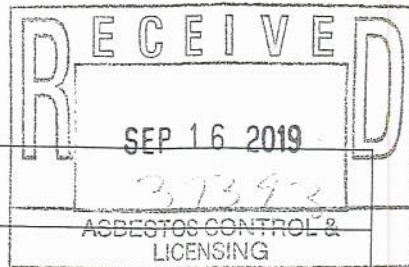
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) 09 / 11 / 19 | | Name of Building Owner/Operator (2) Pine Beach Fire House | | | | | | | |
|---|--|---|----------------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 825 Prospect Avenue | | | | | | | |
| | | City, State, Zip Code Pine Beach, NJ 08741 | | | | | | | |
| | | Name of Contact Doug | Telephone Number 848-210-0539 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Pine Beach Fire 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 and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 825 Prospect Avenue | | | | | | | | | |
| City (5) Pine Beach | | Square Feet 4000 | # of Floors 1 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 60 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | Current Use (Prior if being demolished) Fire House | | | | | | | |
| ASCM No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 09 / 25 / 19 | Scheduled Completion Date (11) 10 / 02 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Banquet Hall & ladies Bathroom | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos floor tile and mastic | 2500 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| boiler room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | transite panels | 120 sf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 4 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 10/02/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 9/16/19 | | | |

Inv 14413
CK 37393

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:66)



| | | | |
|---|--|--|--------------------------------|
| Date of Notification (1) 09 / 11 / 19 | | Name of Building Owner/Operator (2) Walters Residential | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Barnegat, NJ 08005 | |
| | | Name of Contact Victor | Telephone Number [REDACTED] |


| FACILITY INFORMATION | | | |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Lavallette | Square Feet 700 | # of Floors 1 | Bldg. Age 65 |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| City, State, Zip Code | | Street Address 1889 Route 9, Unit 61 | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Telephone No. | | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 09 / 24 / 19 | Scheduled Completion Date (11) 09 / 25 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 700 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

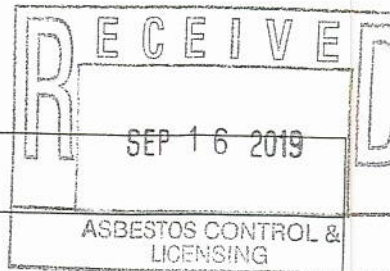
| | | | | | |
|---|--------------------------|------------------------------------|--|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 09/25/19 | City, State Tullytown, Pennsylvania | | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature [Signature] | Date 9/16/19 | | |

| | |
|----------|------------------------------|
| RECEIVED | SEP 16 2019 |
| | ASBESTOS CONTROL & LICENSING |

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

| | | | | | | | | | |
|--|--|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 9/11/19 Inv-14405 | | Name of Building Owner/Operator (2) Magda Bector Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Harvey Cedars NJ 08008 | | | | | | | |
| | | Name of Contact Magda | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Magda Bector Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Harvey Cedars NJ 08008 | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/20/19 | Scheduled Completion Date (11) 9/27/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/27/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 9/11/19 | | | |

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

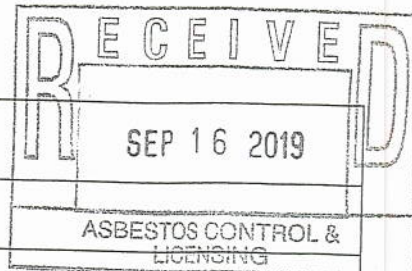


| | | | | | | | | | |
|---|--|--|--|--------------------------------------|----------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>8</u> / <u>20</u> / <u>19</u> | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-9/11/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Dennisville Central Office | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1021 Fiddler Road | | Square Feet +10,000 | | | | | | | |
| City (5) Woodbine | | # of Floors 2 | | | | | | | |
| County (6) Cape May | | 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, Inc | | ASCM No. | | | | | | | |
| Street Address 8436 Enterprise Ave | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 215-365-5810 | | Telephone No. 215-788-6040 | | | | | | | |
| Start Date (10) <u>9</u> / <u>3</u> / <u>19</u> | | License No. 00509 | | | | | | | |
| Scheduled Completion Date (11) <u>9</u> / <u>13</u> / <u>19</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> </u> PM / <u>5:00</u> PM - <u>1:30</u> AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12x12 VAT/Mastic | 145 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Caulk | 30 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12x12 VAT/Mastic | 25 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State YARDLEY, PA | | Disposal Date TBD | | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | | Signature <i>Dillan DeCaro</i> | | Date 9-11-19 | | | |

ASB-41
JAN 13 **DD19030**

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

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

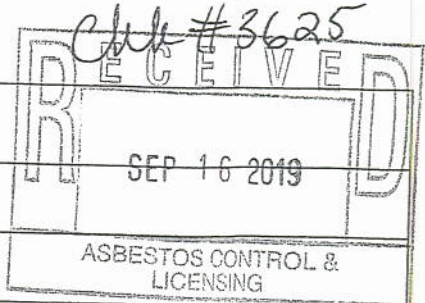


| Date of Notification (1) 8 / 20 / 19 | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
|---|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified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

ASB-41
JAN 13 0019030

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

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

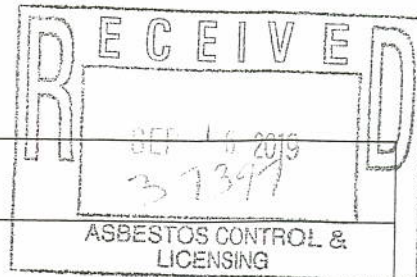


| Date of Notification (1) 8 / 20 / 19 | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
|---|--|---|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5449 <input checked="" type="checkbox"/> DOH 5456 <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Street | | | | | | | |
| | | City, State, Zip Code Pittsburgh PA 15212 | | | | | | | |
| | | Name of Contact Anthony Porta | Telephone Number 412-633-4021 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Dennisville Central Office | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1021 Fiddler Road | | Square Feet +10,000 | # of Floors 2 | | | | | | |
| City (5) Woodbine | | Bldg. Age +50 | | | | | | | |
| County (6) Cape May | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Verizon | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 8436 Enterprise Ave | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | Telephone No. 215-365-5810 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 9 / 3 / 19 | Scheduled Completion Date (11) 9 / 6 / 19 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12x12 VAT/Mastic | 145 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Caulk | 30 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside Generator Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12x12 VAT/Mastic | 25 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State YARDLEY, PA | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature Dillan DeCaro / JDC | | | | Date 8-20-19 | | |

ASB-41
JAN 13 DP19030

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

INV# 14469
 CK 37397 PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



| | | | |
|---|--|--|----------------------------------|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) Disantis Contracting, 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 313 Halyard Road | |
| | | City, State, Zip Code Ortley Beach, NJ 08751 | |
| | | Name of Contact Frank Disantis | Telephone Number 732-749-6009 |

| FACILITY INFORMATION | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Seaside Heights | | Square Feet 900 sf | # of Floors 1 |
| | | Bldg. Age 65 | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 10 / 04 / 19 | Scheduled Completion Date (11) 10 / 07 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |

Scope of Work (Check all that apply)

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

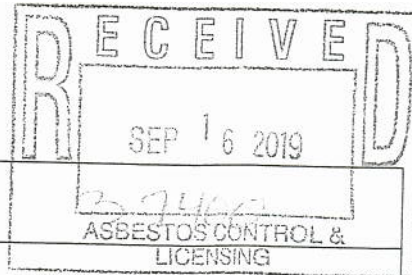
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 900 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | | Disposal Date 10/07/19 | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 9/12/19 | |

INV# 14477
CK 37400

PAID

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



| | | | |
|---|--|--|--------------------------------|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) Kevin Harty | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Smithtown, NY 11787 | |
| | | Name of Contact Kevin Harty | Telephone Number [REDACTED] |

| FACILITY INFORMATION | | | |
|---|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Seaside Park | | Square Feet 1150 sf | # of Floors 1 |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 65 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Current Use (Prior if being demolished) Residence | |
| Street Address | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| City, State, Zip Code | | Street Address 1889 Route 9, Unit 61 | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Telephone No. | | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 09 / 27 / 19 | Scheduled Completion Date (11) 09 / 30 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

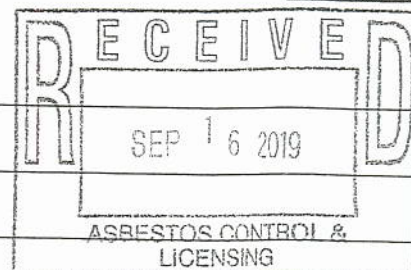
☐ Renovation
☒ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1150 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"/> |

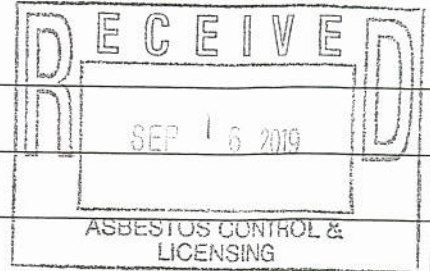
| | | | |
|---|------------------------------------|---------------------------|---|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | | Disposal Date 09/30/19 | City, State Tullytown, Pennsylvania |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature [Signature] | Date 9/16/19 |

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



| | | | | | | | | | |
|--|--|--|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09/12/19 | | Name of Building Owner/Operator (2) [REDACTED] | | | | | | | |
| 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 Lakewood, NJ, 08701 | | | | | | | |
| | | Name of Contact [REDACTED] | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Lakewood | | Bldg. Age | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. 1200 | | | | | | |
| Start Date (10) 09/23/2019 | Scheduled Completion Date (11) 09/26/2019 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 | | | | ACM Siding | 2000 | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 12 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 09/26/2019 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 09/12/19 | | | |

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



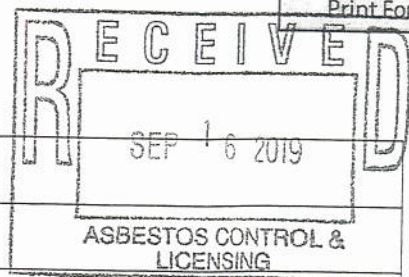
| | | | | | | | | | |
|--|--|---|----------------------------------|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09/09/19 | | Name of Building Owner/Operator (2) Regency Development | | | | | | | |
| Agencies Notified | Type Notification | Street Address 120 4th Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Lakewood, NJ 08701 | | | | | | | |
| | | Name of Contact Regency Development | Telephone Number 732-730-7094 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 313 Regina Avenue | | Type of Facility (4) | | | | | | | |
| Street Address 313 Regina Avenue | | <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) Rahway | | Square Feet | # of Floors | | | | | | |
| County (6) Union | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | | |
| City, State, Zip Code | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 09/12/19 | Scheduled Completion Date (11) 09/20/19 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | PIPE INSULATION | 100LF | x | | | |
| | | | | ELBOWS | 100LF | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 08/01/19 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 07/18/19 | | | |

Inv# 14478
OK 8734

PAID

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

Print Form



| | | | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09/09/19 | | Name of Building Owner/Operator (2) Best of Life | | | | | | | |
| Agencies Notified | Type Notification | Street Address 129 Virginia Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Atlantic City, NJ, 08401 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Best of Life | Telephone Number 732-232-7446 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Atlantic City | | Bldg. Age | | | | | | | |
| County (6) Atlantic County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 09/23/2019 | Scheduled Completion Date (11) 09/26/2019 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 |
| INTERIOR | | | | Boiler | 20 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 2 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 09/26/2019 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | Date 09/09/19 | | | |

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Mac Contracting

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PAGE. 2 / 3

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SEP 16 CHECK # 1288

SEP 16 2019

OK 1288

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

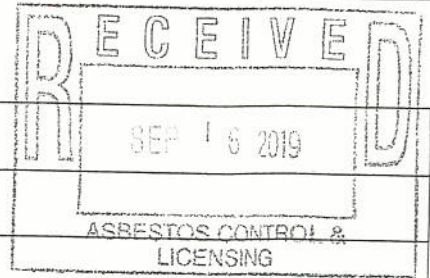
ASBESTOS CONTROL & LICENSING

| | | | |
|---|---|--|---------------------------------------|
| WAIVER APPROVED Agency Name: MAC CONTRACTING Type of Work: Asbestos Abatement & Remediation EPA DEP DOL <input checked="" type="checkbox"/> DCH ECA <input checked="" type="checkbox"/> | | Name of Building Owner/Operator: NORMANDY REAL ESTATE PARTNERS Address: 320 PARK AVE SUITE 100 City, State, Zip Code: FLORHAM PARK, NJ 07932 Name of Contact: JEAN FALMORNE Telephone Number: 973-917-3131 | |
| Name of Building/Work Area: WEB BANK SPACE 3RD FL Address: 25 FOREST AVE. City, State, Zip Code: Summit | | Type of Building: Office School <input type="checkbox"/> Childcare <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Specify: Office) Square Feet: 20,000 # of Floors: 3 Age: 60 Current Use: OFFICE | |
| Name of Asbestos Control Firm: MAC CONTRACTING Address: 188 Vreeland Ave. City, State, Zip Code: Midland Park, N.J. Project Manager for Asbestos Work: [Signature] Telephone No.: 201-922-0041 License No.: 00185 | | Name of Asbestos Control Firm: A. Mac Contracting Inc. Address: 188 Vreeland Ave. City, State, Zip Code: Midland Park, N.J. Project Manager for Asbestos Work: [Signature] Telephone No.: 201-922-0041 License No.: 00185 | |
| Date of Work: 9/4/19 Estimated Completion Date: 9/11/19 Complete Work 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 Asbestos Control Firm: Orange Environmental Services Inc. Address: 280 Huyler Street City, State, Zip Code: Hackensack, N.J. 07606 | |
| Scope of Work (Check All That Apply): <input checked="" type="checkbox"/> As of 10/18/19 <input type="checkbox"/> As of 10/18/19 <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Chilling Towers <input type="checkbox"/> High Volume HEPA and Low Volume Fans | | | |
| Location of Asbestos-Containing Material (ACM) 3RD FLOOR (10) | Is Location Currently Used Exclusively by Maintenance/Contract Staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | Description of Asbestos-Containing Material (ACM) (i.e., surface, flooring, wall, ceiling, VAV, or other miscellaneous) VAT | Amount (lb or lb) 2,771 LBS |
| Name of Registered Waste Handler: Newark Caring, Inc. City, State, Zip Code: Newark, N.J. 07102 | | Name of Registered Landfill: Grand Central Sanitary Landfill City, State, Zip Code: Penn Argyl, PA 06072 | Date of Work: 9/4/19 |
| Completed by: R. McDonald Title: President | | Date: 9/4/19 | |

INV# 14479
CK95910707807

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

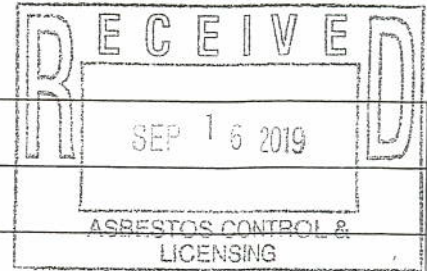


| | | | | | | | | | |
|---|--|--|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 09/09/2019 | | Name of Building Owner/Operator (2) Joe Hayes | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <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 Verona, NJ 07044 | | | | | | | |
| | | Name of Contact Joe Hayes | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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) Verona | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 9733458685 | License No. 01311 | | | | | | |
| Start Date (10) 09/20/2019 | Scheduled Completion Date (11) 09/21/2019 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Laundry Room | | X | | VAT | 25 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | | Date 09/09/2019 | | |

Inv #14480 PAID

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



| | | | | | | | | | |
|---|--|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 09/09/2019 | | Name of Building Owner/Operator (2) John Day | | | | | | | |
| 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 Glen Ridge, NJ 07028 | | | | | | | |
| | | Name of Contact John Day | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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) Glen Ridge | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 9733458685 | License No. 01311 | | | | | | |
| Start Date (10) 09/19/2019 | Scheduled Completion Date (11) 09/21/2019 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 | 75 LF | X | | | |
| Boiler Room | | X | | Plaster | 120 SF | X | | | |
| Laundry Room | | X | | Plaster | 120 SF | X | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | Date 09/09/2019 | | | |

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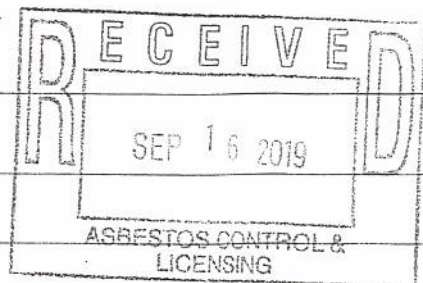
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| ASBESTOS CONTROL & LICENSING | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT:
(Pursuant to NJAC 8:27 and 12:13)

| | | | |
|--|--|---|--|
| Date of Notification (1) 9/10/19 | | Name of Building Owner/Operator (2) MILL LAKE REALTY LLC SEP 10 2019 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 25 ANDREA DRIVE | City, State, Zip Code ROCKAWAY N.J. 07866 |
| Name of Facility Where Abatement is Taking Place (3) MILL LAKE REALTY | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 60 MAIN STREET | | Square Feet 15,000 | # of Floors 2 |
| City (5) ROCKAWAY | | Bldg. Age 60 | |
| County (6) MORRIS | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) APARTMENTS / SCHOOL |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. Mac Contracting Inc. |
| Street Address | | Street Address 188 Vreeland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | |
| Project Manager for Monitoring Firm | | Telephone No. 201-262-6841 | Licenses No. 00156 |
| Start Date (10) 9/10/19 | | Scheduled Completion Date (11) 9/20/19 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 23 ft <input checked="" type="checkbox"/> 2100 of or 2250 ft | | Street Address 280 Huyler Street | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Hackensack, NJ 07606 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (14) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| BASEMENT | | | Amount (Specify SF or LF) 156 LF |
| 1ST FLOOR | | | 3 LF |
| | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Name of Registered Landfill Grand Central Sanitary Landfill |
| City, State Newark, NJ 07105 | | Cubic Yards of Waste 2 | City, State Pen Argyl, PA 08072 |
| Completed by R. McDonald | | Title President | Signature R. McDonald |
| | | | Date 9/10/19 |

Inv# 14484
CK10022 PAID

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



| | | | |
|--|--|--|---------------------------|
| Date of Notification (1) 09 / 10 / 19 | | Name of Building Owner/Operator (2) Matt Pirolli | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Haddonfield, NJ 08033 | |
| | | Name of Contact Matt Pirolli | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Pirolli Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Haddonfield | Square Feet 2,422 | # of Floors 2 | Bldg. Age 91 |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | | ASCM No. | |
| Street Address PO Box 341 | | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| City, State, Zip Code Chesterfield, NJ 08515 | | Street Address 623 Cutler Avenue | |
| Project Manager for Monitoring Firm Bill Weisgarber | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Telephone No. 609-298-4070 | | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) 09 / 20 / 19 | Scheduled Completion Date (11) 09 / 24 / 19 | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 200 Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

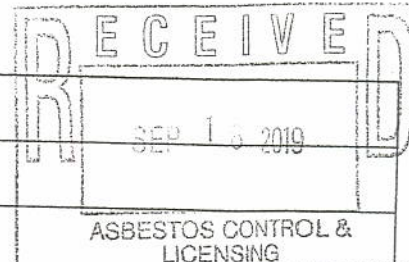
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen to Bathroom | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Duct Paper | 6 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor Bathroom | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Duct Paper | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|---------------------------------------|------------------------------------|---------------------------|--|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 1 | Name of Registered Landfill Fairless Landfill | |
| City, State Freehold, NJ | | Disposal Date 09/24/2019 | | City, State Morrisville, PA | |
| Completed By (Print or Type) Christina Fay | Title Vice President of Operations | Signature <i>Christina Fay</i> | | Date 9/10/19 | |

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



PAID

IN# 14485
CK 1881

| Date of Notification (1) 09-10-2019 | | Name of Building Owner/Operator (2) Michele Omara | | | | | | | |
|--|---|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Cliffside Park NJ 07010 | | | | | | | |
| | | Name of Contact Michele Omara | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | 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) Cliffside Park NJ 07010 | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) | | Bldg. Age N/A | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Private Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental | | ASCM No. | Name of Abatement Contractor (9) Amax Contracting LLC | | | | | | |
| Street Address 2108 Fulton Street Suite 2A | | Street Address PO BOX 734 | | | | | | | |
| City, State, Zip Code Brooklyn NY 11233 | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Kayode Adefisoye | | Telephone No. 347-241-7673 | Telephone No. 973-692-6298 | | | | | | |
| Start Date (10) 09-19-2019 | | Scheduled Completion Date (11) 10-20-2019 | License No. 01266 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Amax Contracting LLC | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address PO BOX 734 | | | | | | | |
| | | City, State, Zip Code Woodland PRK nj 07424 | | | | | | | |
| 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 |
| Basement | | | X | VAT & Mastic | 500 SF | X | | | |
| Basement | | | x | Ceiling Tiles | 500 SF | X | | | |
| Basement | | | x | Piope Insulation | 110 LF | X | | | |
| Name of Registered Waste Hauler Amax Contracting LLC | | NJDEP Waste Hauler ID No. 0036184 | Cubic Yards of Waste 9 CY | Name of Registered Landfill Fairless Hills | | | | | |
| City, State Woodland Park NJ 07424 | | Disposal Date 10-25-2019 | | City, State Morrisville PA | | | | | |
| Completed by Tome Maslarkov | | Title Project Manager | | Signature | | Date 09-10-2019 | | | |

Ch 3158 Inv 14208

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

Print Form
RECEIVED
SEP 16 2019
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 9/4/19 | | Name of Building Owner/Operator (2) Jane Dee | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Glen Ridge, NJ 07028 | | | | | | | |
| Name of Contact Eric Plackis | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Glen Ridge | | Square Feet 3500 | # of Floors 2 | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Brick Industries, Inc. | | | | | | |
| Street Address | | Street Address PO Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, NJ 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 9/5/19 | Scheduled Completion Date (11) 9/19/19 | | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 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 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 |
| | | | | Asbestos HVAC Duct | 60LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries, Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 2 | Name of Registered Landfill Grows North Landfill | | | | | |
| City, State Brick, NJ | | Disposal Date 9/19/19 | | City, State Morrisville, PA | | | | | |
| Completed by Eric Plackis | | Title President | | Signature [Signature] | | Date 9/4/19 | | | |

Ch 1770

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

Print Form

RECEIVED

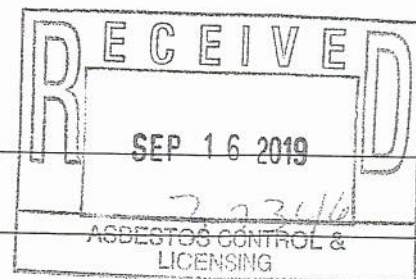
SEP 16 2019

ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|---|---|---|-----|--|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 09/06/2019 | | Name of Building Owner/Operator (2) Mark Quartello | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Westwood, NJ 07675 | | | | | | | |
| Name of Contact Mark Quartello | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Trader Joe's | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 20 Irvington Street | | Square Feet N/A | | | | | | | |
| City (5) Westwood | | # of Floors 1 | | | | | | | |
| County (6) Bergen | | Bldg. Age N/A | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Trader Joe's | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental | | ASCM No. | | | | | | | |
| Street Address 2333 Route 22 West | | Name of Abatement Contractor (9) United Safety LLC | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | Street Address 22 Troy Lane | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Telephone No. 908-206-0073 | | Telephone No. 973-276-0099 | | | | | | | |
| License No. 01317 | | Name of OSHA Monitor United Safety LLC | | | | | | | |
| Start Date (10) 09/10/2019 | | Scheduled Completion Date (11) 09/13/19 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 24 Hour Access as Needed to Complete Project | | Street Address 22 Troy Lane | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| 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 Facade | | X | | Gray Paint, Black & Brown | 700 SF | | | X | |
| | | | | Flashing, Roofing Material | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Safety LLC | | NJDEP Waste Hauler ID No. 0036820 | | Cubic Yards of Waste NONE | | Name of Registered Landfill Fairless Landfill | | | |
| City, State Lincoln Park, NJ | | Disposal Date NONE | | City, State Morrisville, PA | | | | | |
| Completed by Vanco Petkov | | Title Project Manager | | Signature | | Date 09/06/2019 | | | |

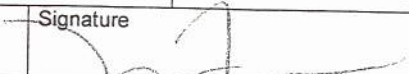
INV 14460
CK 37346

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



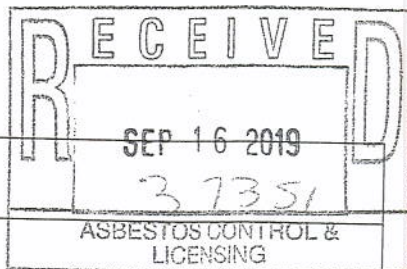
| Date of Notification (1) 09 / 06 / 19 | | Name of Building Owner/Operator (2) Jacobs Demolition | | | | | | | |
|--|--|--|--|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> 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 P O Box 9 | | | | | | | |
| | | City, State, Zip Code Manasquan, NJ 08736 | | | | | | | |
| | | Name of Contact Linda | Telephone Number 732-528-3800 | | | | | | |
| 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] 08750 | | Square Feet 2600 | | | | | | | |
| City (5) Sea Girt | | # of Floors 2 | Bldg. Age 65 | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 09 / 19 / 19 | Scheduled Completion Date (11) 09 / 20 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 2600 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 09/20/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 9/6/19 | | | |

RECEIVED
SEP 16 2019
3735
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | | | | |
|---|--|--|--|--|-----------------|--|--------|------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">09 / 09 / 19</div> | | Name of Building Owner/Operator (2) Disantis Contracting, LLC | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SEP 16 2019 3735 ASBESTOS 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 313 Halyard Road City, State, Zip Code Ortley Beach, NJ 08751 Name of Contact Frank Disantis Telephone Number 732-749-6009 | | | | | | | | |
| 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 900 sf # of Floors 1 Bldg. Age 65 | | | | | | | | | |
| City (5) Lavallette | | | County Code (7)(STATE USE ONLY) Residence Current Use (Prior if being demolished) | | | | | | | | | |
| County (6) Ocean | | | | | | | | | | | | |
| 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 License No. 00624 | | | | | | | | |
| Start Date (10) <div style="text-align: center;">09 / 24 / 19</div> | | Scheduled Completion Date (11) <div style="text-align: center;">09 / 25 / 19</div> | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | | |
| | | Yes | No | | | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| exterior | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | | 900 sf | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | | Name of Registered Landfill T.R.R.F. | | | | | | |
| City, State Toms River, New Jersey | | | | Disposal Date 09/25/19 | | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | | Date 9/16/19 | | | | |

INV14444
CK37351

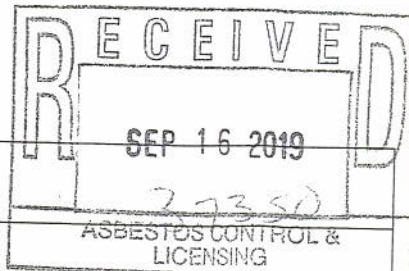
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC-8:60 and 5:16)



| | | | | | | | | | |
|---|---|---|--------------------------|--|---|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 09 / 19 | | Name of Building Owner/Operator (2) Dean DeLuccia | | <div style="border: 1px solid black; padding: 5px;"> RECEIVED SEP 16 2019 37351 ASBESTOS 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |
| | | City, State, Zip Code Wayne, NJ 07470 | | Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | |
| 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 <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | | | | | |
| City (5) Ortley Beach | | | | Square Feet 1400 | # of Floors 1 | | | | |
| County (6) Ocean | | | | County Code (7) (STATE USE ONLY) | Bldg. Age 65 | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | | Current Use (Prior if being demolished) Residence | | | | | |
| Street Address | | ASCN No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | |
| City, State, Zip Code | | | | Street Address 1889 Route 9, Unit 61 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | |
| Start Date (10) 09 / 24 / 19 | | Scheduled Completion Date (11) 09 / 25 / 19 | | Telephone No. 732-349-9932 | | | | | |
| 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 | | License No. 00624 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | |
| | | | | Street Address 1056 Stelton | | | | | |
| | | | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1400 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 09/25/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 9/9/19 | | | |

INV 14441
CK 37350

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




| | | | |
|--|--|--|----------------------------------|
| Date of Notification (1) 09 / 09 / 19 | | Name of Building Owner/Operator (2) Disantis Contracting, 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 313 Halyard Road | |
| | | City, State, Zip Code Ortley Beach, NJ 08751 | |
| | | Name of Contact Frank Disantis | Telephone Number 732-749-6009 |

| FACILITY INFORMATION | | | |
|--|--|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Lavallette | | Square Feet 600 sf | # of Floors 1 |
| County (6) Ocean | | Bldg. Age 65 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | |
| Street Address 1889 Route 9, Unit 61 | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| City, State, Zip Code Toms River, NJ 08755 | | Street Address 1889 Route 9, Unit 61 | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Telephone No. 732-349-9932 | | Telephone No. 732-349-9932 | |
| Start Date (10) 09 / 20 / 19 | | License No. 00624 | |
| Scheduled Completion Date (11) 09 / 23 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| interior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos floor tile | 400 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 09/23/19 | | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 9/4/19 | |

RECEIVED
SEP 16 2019
37349
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | | | | |
|--|--|--|--------------------------|--|-----------------|--|--------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 09 / 19 | | Name of Building Owner/Operator (2) Disantis Contracting, LLC | | SEP 16 2019 32349 ASBESTOS CONTROL & LICENSING | | | | | | | | |
| 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 313 Halyard Road City, State, Zip Code Ortley Beach, NJ 08751 Name of Contact Frank Disantis Telephone Number 732-749-6009 | | | | | | | | |
| 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] 08735 | | | | Square Feet 550 sf # of Floors 1 Bldg. Age 65 | | | | | | | | |
| City (5) Lavallette | | County (6) Ocean | | County Code (7) (STATE USE ONLY) | | | | | | | | |
| 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 / 20 / 19 | | Scheduled Completion Date (11) 09 / 23 / 19 | | License No. 00624 | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) 550 sf | | Abatement Type | | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure | |
| exterior | | Yes | No | N/A | asbestos siding | | 550 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 09/23/19 | | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | | Date 9/9/19 | | | | |

INV 14433

B & G proj. #: 2019-199

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)
 RESUME 09/10/2019 @ 7:30 am

Check # 9548

| | | | | |
|--|--|--|--|--|
| Date of Notification (1) 09/10/2019 | | Name of Building Owner/Operator (2) New Jersey Division of Property Management & Construction | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & REMEDIATION </div> |
| Agencies Notified | Type Notification | Street Address P.O. Box 026 | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Trenton, NJ 08625 | | |
| | | Name of Contact Drew DiDonato | | |
| | | Telephone Number 609-984-1750 | | |

FACILITY INFORMATION

| | | | | | |
|---|--------------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) JMSF, North, JJC Johnstone Campus (NON Sub chapter 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 99 W Burlington Street | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Bordentown, NJ 08505 | County (6) Burlington | County Code (7) (State use only) | Current Use (Prior if being demolished) Juvenile Detention Center | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental Management, Inc. | | ASCM No. N/A | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 344 West State Street | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm William Weisgarber | | Phone Number 609-656-8101 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 09/10/2019 | | Sched. Completion Date (11) 09/11/2019 | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | | |
| Street Address 105 Ryerson Road | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | | | |

Scope of Work (check all that apply)

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

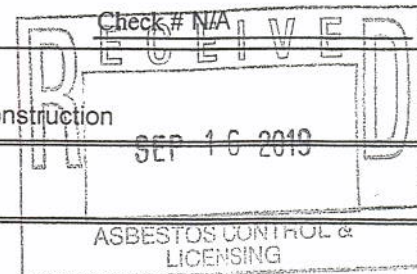
| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Storage Room # 4 | | | <input checked="" type="checkbox"/> | Brown Stick Pin adhesive assoc. with fiberglass duct insulation | 72 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | WRAP & CUT procedure | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/11/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 09/09/2019 |

B & G proj. #: 2019-199

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)
 ON HOLD until further notice

Check # N/A



| | | | |
|---|---|--|--|
| Date of Notification (1) 09/06/19 | | Name of Building Owner/Operator (2) New Jersey Division of Property Management & Construction | |
| Agencies Notified | Type Notification | Street Address P.O. Box 026 | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code Trenton, NJ 08625 | |
| <input type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amendment | Name of Contact Drew DiDonato | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number 609-984-1750 | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|---|-------------------------------------|--|--|-------------------------|
| Name of facility where abatement is taking place (3) JMSF, North, JJC Johnstone Campus (NON Sub chapter 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 99 W Burlington Street | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Bordentown, NJ 08505 | County (6) Burlington | County Code (7) (State use only) | Current Use (Prior if being demolished) Juvenile Detention Center | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental Management, Inc. | | ASCM No. N/A | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 344 West State Street | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Trenton, NJ 08618 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm William Weisgarber | | Phone Number 609-656-8101 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) ON HOLD *** | Sched. Completion Date (11) 10/31/2019 *** | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Occupied | | | 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 | | | | | | |
| Storage Room # 4 | | | <input checked="" type="checkbox"/> | Brown Stick Pin adhesive assoc. with fiberglass duct insulation | 72 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | WRAP & CUT procedure | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------------------|------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/09/19 - 10/31/19 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature Gordana Luna | Date 09/06/2019 |

Inv 14432
B & G proj. #: 2019-187

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)
NEW Start date 09/14/2019

Check # 9549

| | | | | |
|--|--|--|--|---|
| Date of Notification (1) 09/10/19 | | Name of Building Owner/Operator (2) Apple Montessori School | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address 75 E Ramapo Avenue | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Mahwah, NJ 07430 | | |
| | | Name of Contact John Donovan / Mark Lindsey & Son Plumbing | | |
| | | Telephone Number 973-728-8900 x 120 | | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Apple Montessori School | | | 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 75 E Ramapo Avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Mahwah | County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 09/14/2019 | | Sched. Completion Date (11) 09/15/2019 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| boiler room | | | X | boiler room | 22 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/16/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 09/09/2019 |

B & G proj. #: 2019-187

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

Check # 9531

| | | | | |
|--|--|--|--|--|
| Date of Notification (1) 08/13/01/19 | | Name of Building Owner/Operator (2) Apple Montessori School | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address 75 E Ramapo Avenue | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Mahwah, NJ 07430 | | |
| | | Name of Contact John Donovan / Mark Lindsey & Son Plumbing | | |
| | | Telephone Number 973-728-8900 x 120 | | |

FACILITY INFORMATION

| | | | | | |
|--|---|-------------------------------------|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Apple Montessori School | | | 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 75 E Ramapo Avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Mahwah | County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 09/10/2019 | Sched. Completion Date (11) 09/11/2019 | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

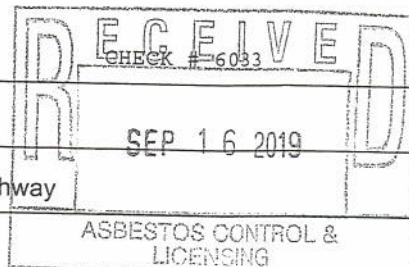
Scope of Work (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input 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 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 | | | | | | |
| boiler room | | | <input checked="" type="checkbox"/> | boiler room | 22 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

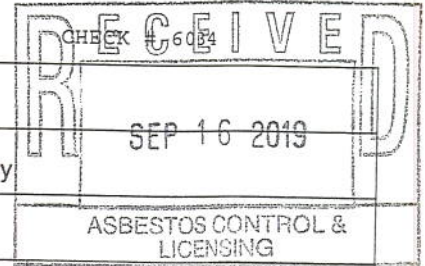
| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/11/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/30/2019 |

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



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09-09-19 | | Name of Building Owner/Operator (2) PRC KKF Group | | | | | | | |
| Agencies Notified | Type Notification | Street Address P.O. Box 70, 40 Monmouth Park Highway | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code West Long Branch, NJ 07764 | | | | | | | |
| | | Name of Contact Peter Wersinger III, Esq. | Telephone Number (732) 222-2000 x2207 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Fort Monmouth | | Type of Facility (4) | | | | | | | |
| Street Address 145 Sherrell Road (155) | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Oceanport, NJ | | Square Feet 1,000 | # of Floors 1 | | | | | | |
| County (6) Monmouth | | Bldg. Age 1980 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 300 Kimball Drive | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. (973)560-4983 | Telephone No. 201-939-6565 | | | | | | |
| License No. 00756 | | | | | | | | | |
| Start Date (10) 09-10-19(1)Project Postponed | Scheduled Completion Date (11) 03-31-20 | Name of OSHA Monitor Even-Air Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Ground Floor | | | x | Floor Tile & Mastic | 900SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY / Newark, NJ 07105 | | Disposal Date TBD | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Richard Doran | | Title Project Manager | | Signature | | Date 09-09-19 | | | |

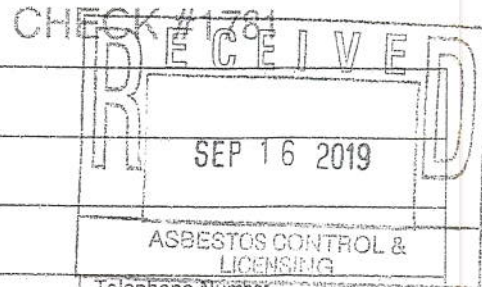
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09-09-19 | | Name of Building Owner/Operator (2) PRC KKF Group | | | | | | | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | P.O. Box 70, 40 Monmouth Park Highway | | | | | | | |
| | | City, State, Zip Code | Telephone Number | | | | | | |
| | | West Long Branch, NJ 07764 | (732) 222-2000 x2207 | | | | | | |
| | | Name of Contact | | | | | | | |
| | | Peter Wersinger III, Esq. | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Fort Monmouth | | Type of Facility (4) | | | | | | | |
| Street Address 288 Sherrell Road | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Oceanport, NJ | | Square Feet 15,000 | # of Floors 1 | | | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | Bldg. Age 1980 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 300 Kimball Drive | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. (973)560-4983 | License No. 00756 | | | | | | |
| Start Date (10) 09-16-19(1)Project Postponed | Scheduled Completion Date (11) 03-31-20 | Name of OSHA Monitor Even-Air Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| Ground Floor | | | x | Floor Tile & Mastic | 1,400SF | x | | | |
| Ground Floor | | | x | Boiler Rib Gasket | 60SF | x | | | |
| Ground Floor | | | x | Mastic on Roof Vent Pipes | 15SF | x | | | |
| Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY / Newark, NJ 07105 | | Disposal Date TBD | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Richard Doran | | Title Project Manager | | Signature | | Date 09-09-19 | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

CHECK #1781



| | | | | | | | | | |
|--|---|---|---|---------------------------------|----------------|---|--------|-------------|-----------|
| Date of Notification (1) 09/06/2019 | | Name of Building Owner/Operator (2) LAKE PBS LLC | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 557 BUCK ROAD | | City, State, Zip Code GLASSBORO NJ 08028 | | | | | | | |
| Name of Contact ED BUELOW | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1603 | | | | | | | |
| City (5) GLASSBORO | | # of Floors 1 | | | | | | | |
| County (6) GLOUCESTER | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | ASCM No. | | | | | | | |
| Street Address 1634 SOUTH DELAWARE STREET | | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08066 | | Street Address 570 CLEMS RUN | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | |
| Telephone No. 856-423-5711 | | Telephone No. 610-304-4676 | | | | | | | |
| Start Date (10) 09/09/2019 | | License No. 01145 | | | | | | | |
| Scheduled Completion Date (11) 09/11/2019 | | Name of OSHA Monitor EMSL | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT RESIDENTIAL PROPERTY | | Street Address 200 RT. 130 NORTH | | | | | | | |
| | | City, State, Zip Code CINNAMINSON NJ 08077 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| THROUGHOUT HOUSE | | | X | NF1 FLOOR TILE | 1011 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | NJDEP Waste Hauler ID No. 0034895 | | Cubic Yards of Waste 15 | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State MULLICA HILL NJ | | Disposal Date 09/12/2019 | | City, State WAYNESBURG, OH | | | | | |
| Completed by RON SWANSON | | Title GENERAL MANAGER | | Signature <i>Ron Swanson</i> | | Date 09/06/2019 | | | |

CL# 4903
INV14431

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

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SEP 16 2019

| | | | | | | | |
|--|--|---|---|--|--------|-------------|-----------|
| Date of Notification (1) 9-10-19 | | Name of Building Owner/Operator (2) HARBAUGH 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 [REDACTED] | | Square Feet 1500 | | | | | |
| City (5) STONE HARBOR | | # of Floors 2 | 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 | | 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. 856 779-0472 | License No. 01371 | | | | |
| Start Date (10) 9-20-19 | Scheduled Completion Date (11) 9-30-19 | Name of OSHA Monitor N/A | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | |
| | | 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) 2250 SF | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| SIDING | X | TRANSITE | 2250 SF | 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 WOODBURY N.J. | | | | |
| Completed By MICHAEL KLEMM | Title SUPER | Signature <i>[Signature]</i> | Date 9-10-19 | | | | |

CK 4903
INV 14429

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

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| | | | | | |
|--|--|--|--|--|--|
| Date of Notification (1) 9-10-19 | | Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION | | ASBESTOS CONTROL & LICENSING | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 300 7TH ST. | |
| | | City, State, Zip Code SEA ISLE CITY N.J. 08243 | | Name of Contact KRANIC | |
| | | Telephone Number | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1500 | | |
| City (5) AVALON | | | # of Floors 1 | | |
| County (6) CAPE MAY | | | Bldg. Age 50+ | | |
| City Code (7) (STATE USE ONLY) 08502 | | | 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 NJ 08052 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 856-779-0472 | |
| | | | | License No. 01371 | |
| Start Date (10) 9-20-19 | | Scheduled Completion Date (11) 9-30-19 | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | 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 | | 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) | |
| SIDING | | X | | TRANSITE | |
| | | | | 1000 SF | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler KLEMMCO INC. | | NJDEP Waste Hauler ID No. 15904 | | Cubic Yards of Waste | |
| City, State MAPLE SHADE N.J. 08052 | | Disposal Date | | Name of Registered Landfill C.R.E.C. M.W.A. | |
| Completed By W. SCHULTZ KLEMMCO | | Title SUP. | | City, State WOODBINE N.J. | |
| | | Signature <i>[Signature]</i> | | Date 9-10-19 | |

CK + 4903
Inv 14427

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

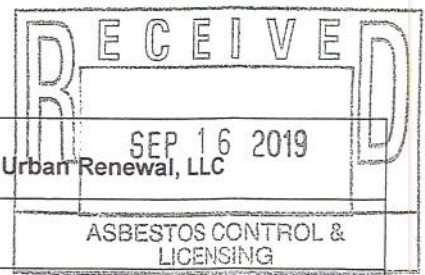
RECEIVED
SEP 16 2019

| | | | |
|--|---|---|--|
| Date of Notification (1) 9-10-19 | | Name of Building Owner/Operator (2) STAR CONSTRUCTION, LLC | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P.O. Box 36 | |
| | | City, State, Zip Code MOORESTOWN N.J. 08057 | |
| | | Name of Contact MIKE | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) OCCAW CITY | County (6) CAPE MAY | County Code (7) (STATE USE ONLY) | Square Feet 1500 |
| | | | # of Floors 1 |
| | | | Bldg. Age 50+ |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | 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. 856-779-0472 | License No. 00444 |
| Start Date (10) 9-20-19 | Scheduled Completion Date (11) 9-30-19 | Name of OSHA Monitor N/A. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | |
| | | 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 |
| | | | 2750 SF |
| | | | X |
| | | | |
| | | | |
| Name of Registered Waste Hauler KLEMCO INC. | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 3 |
| City, State MAPLE SHADE N.J. | | Name of Registered Landfill C.M.C. M.V.A. | |
| | | Disposal Date | City, State WOODBINE |
| Completed By MICHAEL KLOMM | Title SUP. | Signature <i>[Signature]</i> | Date 9-10-19 |

Ch 17992

Inv 1444

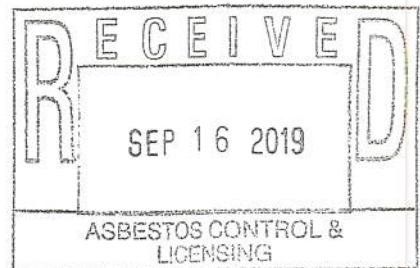
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|--|--|--|---|--|----------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 11 / 19 | | Name of Building Owner/Operator (2) Trenton Housing Authority / Rossell Ave 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 875 New Willow Street City, State, Zip Code Trenton, NJ 08638 Name of Contact C/O - Conifer - Dan Pelouze Telephone Number 609-868-7708 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Page Homes (Building 1 - 6 & Boiler 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 and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 150 Rossell Avenue | | Square Feet 140,000 | | | | | | | |
| City (5) Trenton | | # of Floors 3 | | | | | | | |
| County (6) Mercer | | Bldg. Age 60+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Former Housing Units | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental | | ASCM No. | | | | | | | |
| Street Address PO Box 11645 | | Name of Abatement Contractor (9) Neuber Environmental Services, Inc. | | | | | | | |
| City, State, Zip Code Philadelphia, PA | | Street Address 1100 Grosser Road | | | | | | | |
| Project Manager for Monitoring Firm Jason Dua | | City, State, Zip Code Gilbertsville, PA 19525 | | | | | | | |
| Telephone No. 267 784-4693 | | Telephone No. 610 933-4332 | | | | | | | |
| License No. 00836 | | Name of OSHA Monitor Neuber Environmental Services | | | | | | | |
| Start Date (10) 9 / 26 / 19 | | Scheduled Completion Date (11) 3 / 20 / 20 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/____PM-____AM | | Street Address 1100 Grosser Road | | | | | | | |
| 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 Gilbertsville, PA 19525 | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| See Attached Spreadsheet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | See Attached Spreadsheet | See Attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Horizon Disposal | | NJDEP Waste Hauler ID No. 10416 | | Cubic Yards of Waste ~200 | | Name of Registered Landfill G.R.O.W.S Tullytown | | | |
| City, State Trenton, N.J. 08638 | | Disposal Date Oct. 2019 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Timothy Walter | | Title Project Manager | | Signature <i>Timothy Walter, PM</i> | | Date 9-11-19 | | | |

PROJECT NAME:

Page Homes Apartment Complex

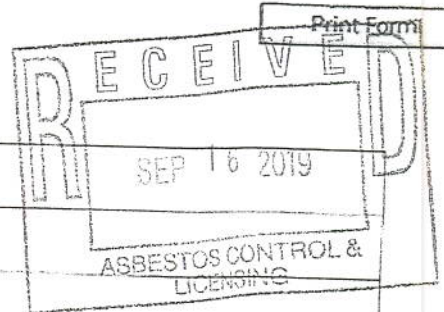


| Area / Notes | Abatement Item | Unit | Quantity | REMOVE |
|------------------------|---------------------------|------|----------|--------|
| Boiler Building | | | | |
| | Ceiling Plaster | SF | 1,080 | X |
| | Column Plaster | SF | 80 | X |
| Building 1 | | | | |
| Basement | Ceiling Plaster | SF | 2,352 | X |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 270 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Apt. 1A | Bathroom Floor Tile | SF | 5 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| Building 2 | | | | |
| Basement | Ceiling Plaster | SF | 2,352 | X |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 270 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Apt. 3B & 3C | Bathroom Floor Tile | SF | 10 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| Building 3 | | | | |
| Basement | Ceiling Plaster | SF | 2,352 | X |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 270 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Apt. 1A, 3A & 3B | Bathroom Floor Tile | SF | 15 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| Building 4 | | | | |
| Basement | Ceiling Plaster | SF | 2,352 | X |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 270 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| Building 5 | | | | |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 2,740 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Apt. 2B, 3B & 3C | Bathroom Floor Tile | SF | 15 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| Building 6 | | | | |
| Bathrooms Throughout | Pipe Ins. Debris | LF | 270 | X |
| All Windows Throughout | Perimeter Window Caulk | EA | 150 | X |
| Apt 2A & 3B | Bathroom Floor Tile | SF | 10 | X |
| Perimeter Masonry Wall | Black Flashing | SF | 1,833 | X |
| Perimeter Flashing | Interior Wall Black Flash | SF | 117 | X |
| | | | | |
| | Firedoors Throughout | EA | 162 | X |
| | | | | |
| | | | | |

INV# 14426 PAID
CK 3164

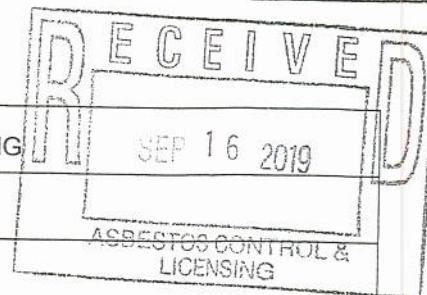
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



| | | | |
|--|---|--|---|
| Date of Notification (1) 9/10/19 | | Name of Building Owner/Operator (2) South Shore Holdings | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 18B Maple Lake Road | | City, State, Zip Code Kinnelon NJ 07405 | |
| Name of Contact Eric Plackis | | Telephone Number 732-899-7499 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) | | 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) Waretown | | Square Feet 680 | # of Floors 1 |
| County (6) Ocean | | Bldg. Age 90 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) |
| Street Address | | | Brick Industries, Inc. |
| City, State, Zip Code | | | Street Address PO Box 915 |
| Project Manager for Monitoring Firm | | Telephone No. | City, State, Zip Code Brick, NJ 08723 |
| Start Date (10) 9/20/19 | | Scheduled Completion Date (11) 10/4/19 | Telephone No. 732-899-7499 |
| Occupancy Status During Abatement (Check Only One) | | License No. 01196 | |
| <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 | |
| Scope of Work (Check All That Apply) | | Street Address | |
| <input type="checkbox"/> < 23 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code | |
| 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 | | |
| | | Asbestos Siding | 900SF |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler Brick Industries, Inc. | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 5 | Name of Registered Landfill Grows North Landfill |
| City, State Brick, NJ | Disposal Date 10/4/19 | City, State Morrisville, PA | |
| Completed by Eric Plackis | Title President | Signature [Signature] | Date 9/10/19 |

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



IN# 1428
CK1278
PAID

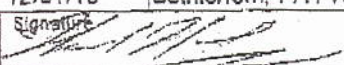
| Date of Notification (1) 09.06.19 | | Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING | | | | | | | |
|---|--|---|----------------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 319 EAST STATE STREET | | | | | | | |
| <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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code TRENTON, NJ 08608 | | | | | | | |
| | | Name of Contact DAN ROACH | Telephone Number 609-989-3518 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) TRENTON | | Square Feet 968 | # of Floors 2 | | | | | | |
| County (6) MERCER | | County Code (7) (STATE USE ONLY) | Bldg. Age 99 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC | | Name of Abatement Contractor (9) BRINK'S TANK SERVICES | | | | | | | |
| Street Address PO BOX 354 | | Street Address 1256 LIBERTY AVE | | | | | | | |
| City, State, Zip Code SOUTH ORANGE, NJ 07079 | | City, State, Zip Code HILLSIDE, NJ 07205 | | | | | | | |
| Project Manager for Monitoring Firm SARAH CALANDRA | | Telephone No. 201-349-2666 | License No. 01316 | | | | | | |
| Start Date (10) 09.11.19 | Scheduled Completion Date (11) 09.21.19 | Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, 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 PO BOX 354 | | | | | | | |
| | | City, State, Zip Code SOUTH ORANGE, NJ 07079 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill WASTE MANAGEMENT LANDFILL | | | | | |
| City, State EAST ORANGE, NJ | | | Disposal Date | City, State PEN ARGYLE, PA | | | | | |
| Completed by ALISON LAMERS | | Title OFFICE MANAGER | Signature <i>[Signature]</i> | Date 9/16/19 | | | | | |

INV# 14358
CK 1582 PAID

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

DOL - 10 DAY

1585

| | | | |
|--|--|--|---|
| Date of Notification (1) September 09, 2019 | | Name of Building Owner/Operator (2) PSI Atlantic Florham Park NJ, LLC | |
| Agencies Notified | Type Notification | Street Address 530 Oak Court Drive, Suite 185 | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Memphis TN 38117 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact Project Manager | |
| | | Telephone Number 973-641-1736 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Property | | Type of Facility (4) | |
| Street Address 37 Vreeland Road | | <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.) | |
| City (5) Florham Park | | Square Feet | # of Floors |
| County (6) Morris | | Bldg. Age | |
| County Code (7) Morris | | Current Use (Prior if being demolished) empty | |
| Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L. | | Name of Abatement Contractor (9) The MACK Group, LLC | |
| Street Address 2200 Paterson Plank rd # 7 | | Street Address 1500 Kings HWY N, STE 209 | |
| City, State, Zip Code North Bergen, NJ 07047 | | City, State, Zip Code Cherry Hill, NJ 08034 | |
| Project Manager for Monitoring Firm Carmelo Altomonte | | Telephone No. 201-864-6583 | License No. 00781 |
| Start Date (10) 9/10/19 | Scheduled Completion Date (11) 12/31/19 | | Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209 | |
| | | City, State, Zip Code Cherry Hill, NJ 08034 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 | |
| Existing piles of ACM debris & steel | | | ACM debris & steel |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler Newark / Spartan | | NJ DEP Waste Hauler ID No. 4509 | Cubic Yards of Waste TBD |
| City, State Newark, NJ / Donora, PA | | Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent. | |
| Disposal Date 12/31/19 | | City, State Bethlehem, PA / Waynesburg, OH | |
| Completed by Mike Cooper | Title President | Signature  | Date 9/9/19 |

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

INV# 14440 PAID

CK 8016

| | | | | | | |
|--|--|---|--|---|--------------------------------|--|
| Date of Notification 9/6/19 | | Name of Building Owner / Operator (2) Peter Cecinini | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & LIQUIDATING </div> | | |
| Agencies Notified | Type of Notification | Street Address | | | | |
| EPA | Emergency Notification | [REDACTED] | | | | |
| DEP | <input checked="" type="checkbox"/> Initial Notification | City, State & Zip Code Bayonne, NJ 07002 | | | | |
| <input checked="" type="checkbox"/> DOL | Amended Notification | Name of Contact Peter Cecinini | | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | Cancellation | | | | | |
| DCA | | | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Office Building | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | |
| Street Address 1801 Avenue C | | | Square Feet 3000 | | | |
| City (5) Bayonne | | | County (6) Hudson | | # of Floors 2 | |
| County Code (7) | | | Bldg. Age 70+ | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics | | | Current Use (Prior if being demolished) Office | | | |
| Street Address 64 Broad Street | | | Name of Abatement Contractor (9) Global Abatement Services, LLC | | | |
| City, State & Zip Code Matawan, NJ 07716 | | | Street Address 443 Schoolhouse Road | | | |
| Project Manager for Monitoring Firm Tom Geiger | | | City, State & Zip Code Monroe Township, NJ 08831 | | | |
| Telephone Number 732-290-2217 | | | Telephone Number 732-605-9062 | | License Number 00714 | |
| Scheduled Start Date (10) 9/16/19 | Scheduled Completion Date (11) 9/18/19 | | Name of OSHA Monitor Global Abatement Services, LLC | | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Before noon Other - Describe: | | | Street Address 443 Schoolhouse Road | | | |
| | | | City, State & Zip Code Monroe Township, NJ 08831 | | | |
| Scope of Work (Check all that apply) | | | | | | |
| Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> | | | | | | |
| Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> | | | | | | |
| Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/> | | | | | | |
| Full Containment with Negative Pressure <input type="checkbox"/> | | | | | | |
| Mini-Enclosure <input type="checkbox"/> | | | | | | |
| <input checked="" type="checkbox"/> Glovebag | | | | | | |
| Other: Non-friable | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | | |
| Basement | N/A | TSI Pipe | 100 LF | Removal | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID # 18693 | Cu. Yds. of Waste 5 | Name of Registered Landfill Cumberland County | | |
| City, State Freehold, NJ | | Disposal Date 9/18/19 | City, State Newburg, PA | | | |
| Completed By (Print or Type) Dominick Tringali | Title Manager | Signature <i>Dominick Tringali</i> | | | Date 9/6/19 | |

INV# 14438 PAID

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

CIL 5234

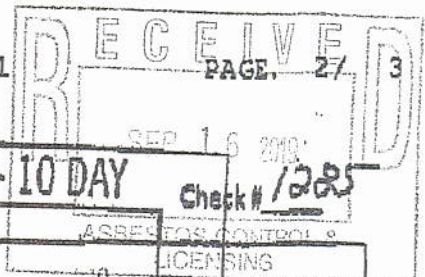
| | | | | | |
|---|--|---|--|---|--|
| Date of Notification (1) 9/9/19 | | Name of Building Owner/Operator (2) RAVEN HILL LLC | | RECEIVED SEP 16 2019 | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 126 WALRAVEN DR | | | |
| | | City, State, Zip Code TEANECK, NJ 07666 | | | |
| | | Name of Contact DORON GOLDSCHMIDT | | Telephone Number 201-836-8745 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RAVEN HILL LLC | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 126 WALRAVEN DR | | | | Square Feet 5600 | |
| City (5) TEANECK | | | | # of Floors 3 | |
| County (6) BERGEN | | | | Bldg. Age 1940 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) BROG ARTS | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) | |
| Street Address | | | | Best Removal Inc | |
| City, State, Zip Code | | | | Street Address 450 South River St | |
| Project Manager for Monitoring Firm | | Telephone No. | | City, State, Zip Code Hackensack, N.J. 07601 | |
| Start Date (10) 9/23/19 | | Scheduled Completion Date (11) 9/26/19 | | Telephone No. 201-329-7444 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM | | | | License No. 00388 | |
| 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 | | Name of OSHA Monitor Omega Environmental | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BOILER ROOM | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Street Address 280 Huyler St | |
| | | | | City, State, Zip Code S. Hackensack, N.J. 07606 | |
| | | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| | | | | Amount (Specify SF or LF) | |
| | | | | Abatement Type Removal Repair Encapsulate Enclosure | |
| BOILER ROOM | | / | | THERMAL SYSTEM INSULATION 130 LF X | |
| BOILER ROOM | | / | | THERMAL SURFACING 350 SF X | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | | Cubic Yards of Waste 10 CY | |
| City, State Hackensack, N.J. 07601 | | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | | Disposal Date 9/26/19 | |
| Completed by J. MAIORANO | | Title Estimator | | City, State NEWBURGH, PA. 17240 | |
| | | | | Signature J. Maiorano | |
| | | | | Date 9/9/19 | |

ASB-41

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

20.08.2019 07:48 AM A. Mac Contracting

2012620321



INV# 13853
OK 1285 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 13:123)

DOL - 10 DAY

Check # 1285

| | | | | | |
|---|--|---|---|--|--|
| Date of Notification (1) 8/20/19 | | Name of Building Owner/Operator (2) MR. POWO | | ASBESTOS CONTROL & LICENSING | |
| 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"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] | |
| | | City, State, Zip Code Rutherford NJ 07070 | | City, State, Zip Code [REDACTED] | |
| | | Name of Contact JOHN LETTIERI | | Telephone Number [REDACTED] | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 2650 | | |
| City (5) Rutherford | | | City, State, Zip Code NJ 07070 | | |
| County (6) BERGEN | | | County Code (7) (STATE USE ONLY) | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | |
| Street Address [REDACTED] | | | Street Address 165 Vreeland Ave. | | |
| City, State, Zip Code [REDACTED] | | | City, State, Zip Code Midland Park, NJ 07432 | | |
| Project Manager for Monitoring Firm | | | Telephone No. 201-262-5641 | | |
| Start Date (10) 8/20/19 | | | Schedule Completion Date (11) 8/26/19 | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: [REDACTED] | | | Name of OSHA Monitor Omega Environmental Services Inc. | | |
| | | | Street Address 280 Huyler Street | | |
| | | | City, State, Zip Code Hackensack, NJ 07606 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> 23 of or 23 ft <input type="checkbox"/> 160 of or 240 ft | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed ("") and Non-Pressurized Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X | | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE | |
| | | | | Amount (Specify SF or LF) 36 LF | |
| | | | | Abatement Type Removal Repair Encapsulation Enclosure X | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04508 | | Cubic Yards of Waste / | |
| City, State Newark, NJ 07105 | | Disposal Date 8/20/19 | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| City, State Pen Argyl, PA 06072 | | Signature R. McDonald | | Date 8/20/19 | |
| Completed by R. McDonald | | Title President | | | |

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

Check #2541

Inv# 14436 PAID

| | | | |
|---|---|---|---|
| Date of Notification (1) 9/4/2019 | | Name of Building Owner / Operator (2) 19 Petroleum | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 79 Route 520 City, State & Zip Code Englishtown, NJ 07726 Name of Contact Tony Kokinos |
| | | | ASBESTOS CONTROL & LICENSING Telephone Number 732 715 6288 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Abandoned Service Station | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 99 Lincoln Blvd | | Square Feet 2700 | # of Floors 1 |
| City (5) Middlesex | County (6) Middlesex | Bldg. Age 50+ | |
| County Code (7) | | Current Use (Prior if being demolished) Service Station | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Alpha Environmental, LLC | |
| Street Address | | Street Address PO Box 8297 | |
| City, State & Zip Code | | City, State & Zip Code Trenton, NJ 08650 | |
| Project Manager for Monitoring Firm | | Telephone Number 609-847-2956 | License Number 01222 |
| Scheduled Start Date (10) 9/16/2019 | Scheduled Completion Date (11) 9/22/2019 | | Name of OSHA Monitor EMSL Analytical |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 200 Route 130 North | |
| | | City, State & Zip Code Cinnaminson, NJ 08077 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
| | Yes | No | |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | Roof(In conjunction with demo) | 2700sf |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Name of Registered Landfill Grows |
| City, State New Castle DE | | Disposal Date various | City, State Tullytown, NJ |
| Completed By (Print or Type) Rod Richardson | | Title Project Manager | Signature <i>Rod Richardson</i> |
| | | | Date 9/4/2019 |

CK# 5330

INV# 14434

PAID

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

RECEIVED
SEP 16 2019
Print Form

Date of Notification (1)
9/9/19

Name of Building Owner/Operator (2)
Haviv Kasdan

Street Address
[REDACTED]

City, State, Zip Code
Deal, New Jersey

Name of Contact
Mike

Telephone Number
[REDACTED]

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
Kasdan Residence

Street Address
[REDACTED]

City (5)
Deal

County (6)
Monmouth

County Code (7)
(STATE USE ONLY)

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

Square Feet
4500

of Floors
2

Bldg. Age
05+

Current Use (Prior if being demolished)
residence

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

ASCM No.

Name of Abatement Contractor (9)
Ace Insulation Co., Inc

Street Address
95 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
732 294 1757

License No.
00029

Start Date (10)
9/18/19

Scheduled Completion Date (11)
9/25/19

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: **7am-2pm**

Name of OSHA Monitor
[REDACTED]

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Safely 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 | | | | pipe wrap | 150 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler
Ace Insulation Co., Inc

City, State
Colts Neck, New Jersey

Completed by
Breem Guine

Title
Secretary/Treasurer

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste
3

Disposal Date
9/25/19

Name of Registered Landfill
Fairless

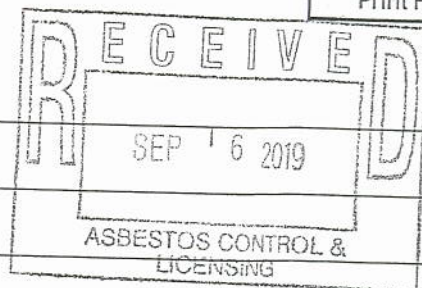
City, State
Morrisville, PA

Signature
[Signature]

Date
9/9/19

Inv# 14404
CK 3449 PAID

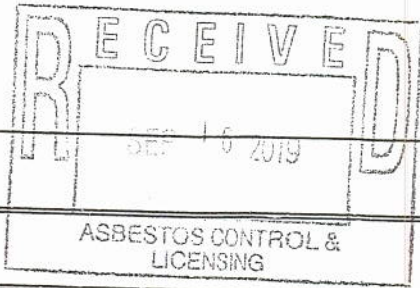
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | |
|--|---|---|-----|--|---------------------------|
| Date of Notification (1) 9/5/19 | | Check # 3449 | | Name of Building Owner/Operator (2) Mike Flynn Residence | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] City, State, Zip Code Mahwah, NJ 07430 Name of Contact Mr. Mike Flynn/Carrie Flynn Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mike Flynn Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | | Square Feet 2,000 | |
| City (5) Mahwah | | | | # of Floors 2 | |
| County (6) BERGEN | | | | Bldg. Age 50+ | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) Private Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) EA Services Corporation | |
| Street Address | | | | Street Address 426 69th Street | |
| City, State, Zip Code | | | | City, State, Zip Code Guttenberg, NJ 07093 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-295-1700 | |
| Start Date (10) 9/14/19 | | Scheduled Completion Date (11) 9/18/2019 | | License No. 01074 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 9 AM | | | | Name of OSHA Monitor Same as above | |
| | | | | Street Address | |
| | | | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| Basement-Crawl space | | | X | Pipe Insulation | 25 LF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler EA Services Corporation | | NJDEP Waste Hauler ID No. 101278 | | Cubic Yards of Waste tbd | |
| City, State Guttenberg, NJ | | Disposal Date tbd | | Name of Registered Landfill Minerva Enterprises | |
| City, State Waynesburg, OH | | | | | |
| Completed by Gina Betances | | Title Office Manager | | Signature <i>[Signature]</i> | |
| | | | | Date 9/5/19 | |

INV# 14256

D&S Proj. #: 19-182

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

CK 4900

PAID

Date of Notification (1)
09/10/16

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☐ Amended

Amendment #:

☒ Emergency
(including
justification)☐ Cancellation

Name of Building Owner/Operator (2)

Robert Grant

Street Address

City, State, Zip Code

Verona, NJ 07044

Name of Contact

Robert Grant

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Verona, NJ 07044

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

1,100 SF

of Floors

02

Bldg. Age

70

Current Use (Prior if being demolished)
Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

09/09/19

Sched. Completion Date (11)

09/13/2019

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: NORMAL HOURS

Scope of Work (check all that apply)

☒ ≥ 3 sf or ≥ 3 lf☒ Renovation☐ ≥ 160 sf or ≥ 260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation 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)Amount
(Specify SF or
LF)

| R | R | E | E |
|-----|-----|------|------|
| em | em | nc | nc |
| ove | ove | ap | ap |
| ir | ir | cap | cap |
| air | air | encl | encl |

Basement

Pipe Insulation

10 LF

☒☐☐☐☐

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#
13506Cubic Yards of Waste
1/2 yds

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Bogdan Joldzic

Date

09/06/19

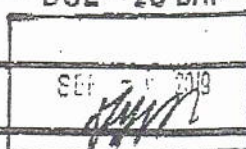
09/06/2019 01:23PM 9733458060

D&S RESTORATIO

PAGE 02/04

D&S Proj. #: 19-182

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

| | | | | |
|---|--|---|--|--|
| Date of Notification (1) 09/10/16/11/19 | | Name of Building Owner/Operator (2) Robert Grant | | DOL - 10 DAY  WAIVER APPROVED |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address [REDACTED] City, State, Zip Code Verona, NJ 07044 | | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Name of Contact Robert Grant | | |
| | | Telephone Number _____ | | |

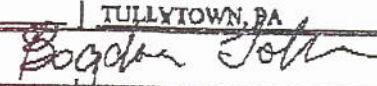
FACILITY INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Name of facility where abatement is taking place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,100 SF | | |
| City (5) Verona, NJ 07044 | | | # of Floors 02 | | |
| County (6) Essex | | | Bldg. Age 70 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| | | | | Licensed Number 01169 | |
| Start Date (10) 09/09/19 | | Sched. Completion Date (11) 09/13/2019 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | | | Street Address 20 California Avenue | |
| <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 | | | | 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 ≥280 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

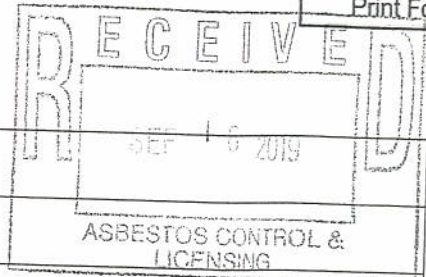
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|-----------------------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

| | | | |
|--|---------------------------|---|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1/2 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date | | City, State TULLYTOWN, PA |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature  | Date 09/06/19 |

ARR-41

* 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)

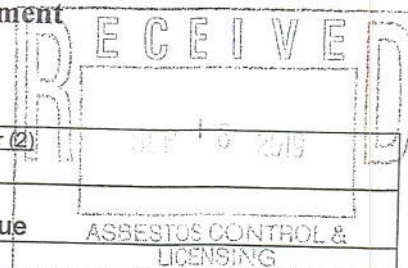


| | | | | | | | | | |
|--|--|---|---|--|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 9/6/2019 | | Name of Building Owner/Operator (2) PARK AVENUE 6116 LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 6118 PARK AVENUE APT. 2 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code WEST NEW YORK NJ 07093 | | | | | | | |
| | | Name of Contact DAVID MARTIN | Telephone Number 9176555335 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 6116 PARK AVENUE | | Type of Facility (4) | | | | | | | |
| Street Address 6116 PARK AVENUE | | <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) WEST NEW YORK | | Square Feet 1000 | # of Floors 3 | | | | | | |
| County (6) HUDSON COUNTY | | Bldg. Age 70 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) CONFIDENCE ENVIRONMENTAL SERVICES | | ASCM No. | Name of Abatement Contractor (9) CPC ENVIRONMENTAL SERVICES CORP | | | | | | |
| Street Address 391 OCEAN AVENUE | | Street Address 142 NORTH 13TH STREET | | | | | | | |
| City, State, Zip Code JERSEY CITY NJ 07305 | | City, State, Zip Code NEWARK NEW JERSEY 07107 | | | | | | | |
| Project Manager for Monitoring Firm JUDE ULOKAMEJE | | Telephone No. 2018925090 | Telephone No. 9733902416 | | | | | | |
| Start Date (10) 9/23/2019 | | Scheduled Completion Date (11) 10/04/2019 | License No. 01335 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor JLC ENVIRONMENTAL INC | | | | | | | |
| <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 30 WEST 25TH STREET | | | | | | | |
| | | City, State, Zip Code NEW YORK NY 10007 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | | X | PIPE INSULATION | 80 LNF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler CPC ENVIRONMENTAL SERVICES CORP | | NJDEP Waste Hauler ID No. 102963 | Cubic Yards of Waste 1 | Name of Registered Landfill TULLYTOWN RE FACILITY | | | | | |
| City, State NEWARK NEW JERSEY | | Disposal Date | | City, State | | | | | |
| Completed by CHIKA ONWUKAIFE | | Title PRESIDENT | | Signature | | Date 9/06/2019 | | | |

INV# 14408
CK 3277 PAID

State of New Jersey - Notification of Asbestos Abatement

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



| | | | |
|--|---|---|--|
| Date of Notification (1) September 10, 2019 | | Name of Building Owner/Operator (2) The Valley Hospital | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification Amendment Emergency (including justification) | Street Address 223 North Van Dien Avenue City, State, Zip Code Ridgewood, NJ 07450-2736 | |
| Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Warehouse | | Name of Contact William Stasiak | Telephone Number 201-447-8141 |
| FACILITY INFORMATION | | | |
| Street Address 599 Valley Health Plaza | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years | |
| City (5) Paramus | County (6) Bergen | Current Use (prior if being demolished): Hospital Warehouse | |
| County Code (7) (State Use Only) | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| Street Address 131 Varick Street- # 939 | | Street Address 511 MAIN STREET | |
| City, State, Zip Code New York, NY 10013 | | City, State, Zip Code Butler, NJ 07405 | |
| Project Manager for Monitoring Firm Jim Miades | Telephone Number 347.435.3561 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) September 23, 2019 | Scheduled Completion Date (11) October 31, 2019 | Name of OSHA Monitor EMSL inc. | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: | | Street Address 1056 Stelton Road | |
| | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Warehouse Exterior | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI Wall Flashing | Amount (Specify SF or LF) 50 LF 10 sf |
| | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 | Name of Registered Landfill Fairless Landfill/ Grand Central Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 | | Disposal Date October 31, 2019 | City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265 |
| Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 | | | |
| Completed by (Print or Type) Marin Graure | Title SENIOR PROJECT MANAGER | Signature <i>Marin Graure</i> | Date September 10, 2019 |

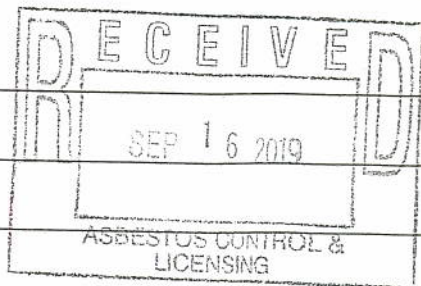
GAC # 2018-665

CK 3097

INV#14411

PAID

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



| | | | |
|--|---|---|---------------------------|
| Date of Notification (1) 09/10/19 | | Name of Building Owner/Operator (2) Rhea Cavanaugh | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Boonton, NJ 07005 | |
| | | Name of Contact Rhea Cavanaugh | Telephone Number _____ |

| FACILITY INFORMATION | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Private House | | Type of Facility (4) | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Boonton | | Square Feet | # of Floors |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Competent supervisor | | ASCM No. | Name of Abatement Contractor (9) Academy Construction Inc |
| Street Address | | Street Address 205 Route 46 Suite 14 | |
| City, State, Zip Code | | City, State, Zip Code Totowa NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. |
| Start Date (10) 09/20/19 | | Scheduled Completion Date (11) 09/27/19 | Name of OSHA Monitor Same as above |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 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 | 280lf | X | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|-------------------------------------|-----------------------------------|--|
| Name of Registered Waste Hauler Academy Construction Inc | NJDEP Waste Hauler ID No. 034422 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless Landfill |
| City, State Totowa NJ | | Disposal Date TBD | City, State Morrisville, PA |
| Completed by Filip Geleski | Title Supervisor | Signature <i>Filip Geleski</i> | Date 09/10/19 |

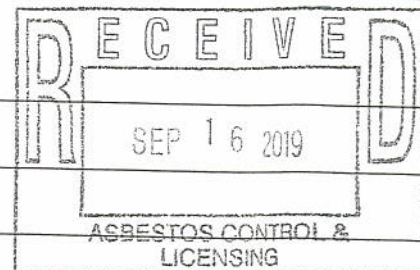
OK 24309 PAID^N

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SEP 16 2019
ASBESTOS CONTROL & LICENSING

ASB-41 (R-06-08)

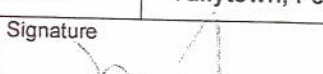
INV# 144/4
CK 8730
PAID

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



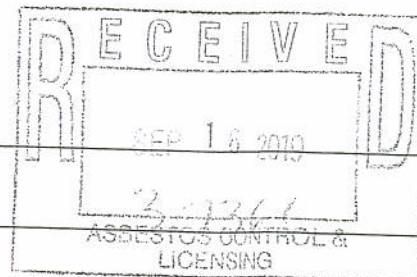
| | | | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 09/09/19 | | Name of Building Owner/Operator (2) SBT Properties LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 475 Oberlin Avenue, S Suite | | | | | | | |
| <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 Lakewood, NJ, 08701 | | | | | | | |
| | | Name of Contact SBT Properties LLC | Telephone Number 347-419-2560 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Pittman | | Bldg. Age | | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 09/20/2019 | Scheduled Completion Date (11) 09/22/2019 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | ACM Piping | 50 SF | | x | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 2 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 09/23/2019 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | Date 09/09/19 | | | | |

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37362
ARRESTS CONTROL &
LICENSING

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|---|---|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 09 / 10 / 19 </div> | | Name of Building Owner/Operator (2) Arya Properties | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SEP 16 2019 37362 ASBESTOS 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 130 Central Avenue City, State, Zip Code Island Heights, NJ 08732 Name of Contact Arya Properties | | | | | |
| | | | | Telephone Number 732-259-6000 | | | | | |
| 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 1050 | | | | | |
| City (5) Wall | | | | # of Floors 1 | | | | | |
| County (6) Monmouth | | | | Bldg. Age 65 | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) 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 / 24 / 19 | | Scheduled Completion Date (11) 09 / 25 / 19 | | License No. 00624 | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1050 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 09/25/19 | City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | Date 9/10/19 | | | |

INV# 14417
OK 37361 PAID

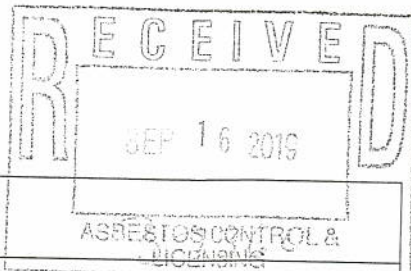
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) 09 / 10 / 19 | | Name of Building Owner/Operator (2) Seminole Construction | | | | | | | |
|--|--|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 123 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 | | | | | | | |
| | | Name of Contact Joyce Corliss | Telephone Number 609-296-0700 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Ship Bottom | | Square Feet 2000 | # of Floors 1 | | | | | | |
| County (6) Ocean | | Bldg. Age 70 | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 09 / 25 / 19 | Scheduled Completion Date (11) 09 / 26 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 2000 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 09/26/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature [Signature] | | Date 9/10/19 | | | |

Inv# 14422

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



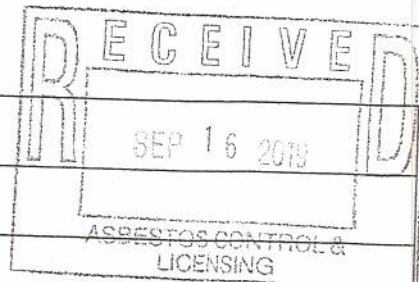
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| | | | | | | | | | |
|--|---|---|--|--|----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 10 / 19 | | Name of Building Owner/Operator (2) Walters Residential | | ASBESTOS CONTROL & LICENSING | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Barnegat, NJ 08005 | | Telephone Number [REDACTED] | | | | | |
| Name of Contact Victor | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Surf City | | | Square Feet 1000 | # of Floors 1 | Bldg. Age 65 | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732-349-9932 | | License No. 00624 | | | | |
| Start Date (10) 09 / 23 / 19 | | Scheduled Completion Date (11) 09 / 24 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM | | | Street Address 1056 Stelton | | | | | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 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 09/24/19 | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature | | | Date 9/10/19 | | | |

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

CK 3197

PAID



| | | | |
|--|---|---|----------------------------------|
| Date of Notification (1) 8-22-2019 | | Name of Building Owner/Operator (2) All Remodeling & Construction, LLC | |
| Agencies Notified | Type Notification | Street Address 55 Grove Street, Suite 201 | |
| <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 Montclair, NJ 07043 | |
| | | Name of Contact Rick Doggett | Telephone Number 973-619-3897 |

| FACILITY INFORMATION | | | |
|---|--|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Orange, NJ 07050 | | Square Feet 1202 | # of Floors 2 |
| County (6) Essex | | Bldg. Age 93+ | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |

| | | | | |
|---|---|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services, LLC | |
| Street Address | | Street Address 235 Virginia Avenue | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City, NJ 07304 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-333-8855 | License No. 01174 |
| Start Date (10) 8-23-2019 | Scheduled Completion Date (11) 8-23-2019 | | Name of OSHA Monitor Green Environmental Services, LLC | |

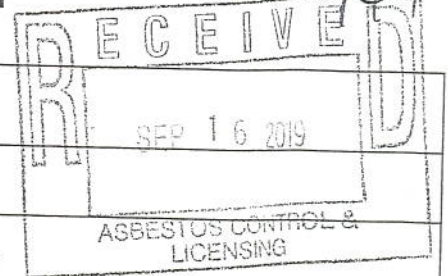
| | | | |
|--|--|--|--|
| Occupancy Status During Abatement (Check Only One) | | Street Address 235 Virginia Avenue | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Jersey City, NJ 07304 | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor | | X | | Pipe Insulation | 24 LF | X | | | |
| 1st Floor | | X | | Siding | 15 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|--------------------------------------|-------------------------------------|--|-------------------|
| Name of Registered Waste Hauler Green Environmental Services | | NJDEP Waste Hauler ID No. 0034889 | Cubic Yards of Waste 1 | Name of Registered Landfill Fairless Landfill | |
| City, State Jersey City, NJ | | Disposal Date 8-23-2019 | | City, State Morrisville, PA | |
| Completed by Liliana Serrano | | Title Office Manager | Signature <i>Liliana Serrano</i> | | Date 8-22-2019 |

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

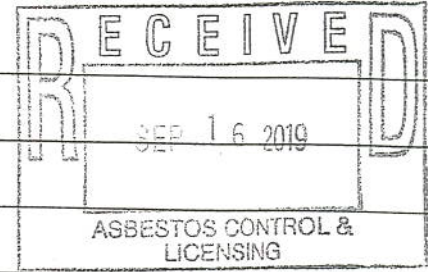


| Date of Notification (1) 09 / 05 / 19 | | Name of Building Owner/Operator (2) Mr. Lee Brahlin | | | | | | | |
|--|--|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 100px; height: 1.2em;"></div> | | | | | | | |
| | | City, State, Zip Code Winslow Camden County, NJ 08081 | | | | | | | |
| | | Name of Contact Will Milbey | Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div> | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Store | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 5S. White Horse Pike Winslow | | | | | | | | | |
| City (5) Winslow Camden County, NJ 08081 | | Square Feet | # of Floors 1 | | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | Bldg. Age 1956 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) Vacant | | | | | | | |
| ASCM No. | | Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC. | | | | | | | |
| Street Address | | Street Address 958 Jackson Rd | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Mays Landing, NJ 08330 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 609-561-1901 | License No. 01158 | | | | | | |
| Start Date (10) 08 / 15 / 19 | Scheduled Completion Date (11) 10 / 10 / 19 | Name of OSHA Monitor Graham-Tech Environmental Services, LLC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>11:30</u> PM/____PM-____AM | | Street Address 958 Jackson Rd | | | | | | | |
| | | City, State, Zip Code Mays Landing, NJ 08330 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Staircase | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile and Mastic | 85SqFt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Graham-Tech Environmental Service | | NJDEP Waste Hauler ID No. 0034500 | | Cubic Yards of Waste 30 | Name of Registered Landfill Pioneer Crossing | | | | |
| City, State | | Disposal Date | | City, State | | | | | |
| Completed By (Print or Type) Vernice Graham | | Title President | | Signature | | | Date 9-4-19 | | |

PAID

Inv#144820

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



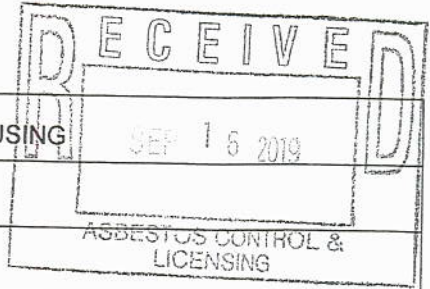
| Date of Notification (1) 9/11/19 | | Name of Building Owner/Operator (2) Bruce Delong Private Home | | | | | | | |
|--|--|---|--|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Cape May NJ 08204 | | | | | | | |
| | | Name of Contact Bruce | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bruce Delong 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) Cape May NJ 08204 | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| County (6) Cape May | | Bldg. Age 50+ | | | | | | | |
| 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) 9/20/19 | Scheduled Completion Date (11) 9/27/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | X | Exterior Siding | 2400 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/27/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature [Signature] | | | Date 9/11/19 | | | |

Inv# 14 353

CK 1279

PAID

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



| | | | | | | | | | |
|--|---|--|-----------------------------------|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09.09.19 | | Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING | | | | | | | |
| Agencies Notified | Type Notification | Street Address 319 EAST STATE STREET | | | | | | | |
| <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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code TRENTON, NJ 08608 | | | | | | | |
| | | Name of Contact DAN ROACH | Telephone Number 609-989-3518 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) TRENTON | | Square Feet 1468 | # of Floors 2 | | | | | | |
| County (6) MERCER | | County Code (7) (STATE USE ONLY) | Bldg. Age 119 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC | | Name of Abatement Contractor (9) BRINK'S TANK SERVICES | | | | | | | |
| Street Address PO BOX 354 | | Street Address 1256 LIBERTY AVE | | | | | | | |
| City, State, Zip Code SOUTH ORANGE, NJ 07079 | | City, State, Zip Code HILLSIDE, NJ 07205 | | | | | | | |
| Project Manager for Monitoring Firm SARAH CALANDRA | | Telephone No. 201-349-2666 | License No. 01316 | | | | | | |
| Start Date (10) 09.13.19 | Scheduled Completion Date (11) 09.23.19 | Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, 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 PO BOX 354 | | | | | | | |
| | | City, State, Zip Code SOUTH ORANGE, NJ 07079 | | | | | | | |
| 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 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill WASTE MANAGEMENT LANDFILL | | | | | |
| City, State EAST ORANGE, NJ | | Disposal Date | | City, State PEN ARGYLE, PA | | | | | |
| Completed by ALISON LAMERS | | Title OFFICE MANAGER | Signature <i>Alison Lamers</i> | | | Date 09/16/19 | | | |

IN# 14489
CK# 4902

PAID

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

RECEIVED
SEP 16 2019

| | | | | | | |
|--|--|--|---|---|--------|-------------|
| Date of Notification (1) 9-9-19 | | Name of Building Owner/Operator (2) GREAT ATLANTIC BLDGS | | | | |
| 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 127 BEVIS MILL RD | | | | |
| | | City, State, Zip Code EGG HARBOR TWP., N.J. 08234 | | | | |
| | | Name of Contact DAVE | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | |
| Street Address [REDACTED] | | Square Feet 1500 | # of Floors 2 | | | |
| City (5) OCCAW 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 | | Name of Abatement Contractor (9) KLEWCO 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. 856-779-0472 | License No. # 01371 | | | |
| Start Date (10) 9-19-19 | Scheduled Completion Date (11) 9-29-19 | Name of OSHA Monitor N/A | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | |
| | | 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) 2250 SF | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| SIDING | X | TRANSITE | 2250 SF | X | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler KLEWCO INC | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 4 | Name of Registered Landfill C.M.C.M.V.A | | |
| City, State MAPLE SHADE W.J. | | Disposal Date | | City, State WOODBINE N.J. | | |
| Completed By MICHAEL KLEWCO | | Title PRES | Signature [Signature] | Date 9-9-19 | | |

INV#
CK # 4902

PAID

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

RECEIVED
SEP 16 2019

| | | | |
|--|--|---|---|
| Date of Notification (1) <u>9-9-19</u> | | Name of Building Owner/Operator (2) <u>REUTER CONSTRUCTION</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>459 N. BEECHAM RD</u> City, State, Zip Code <u>WILLIAMSTOWN N.J. 08094</u> | |
| | | Name of Contact <u>TON</u> | Telephone Number _____ |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet <u>1500</u> | |
| City (5) <u>OCEAN CITY</u> | | # of Floors <u>2</u> | Bldg Age <u>50+</u> |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | Name of Abatement Contractor (9) <u>KLEWCO INC</u> | |
| Street Address _____ | | Street Address <u>369 S. SPRUCE AVE</u> | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>856-779-0472</u> | License No. <u># 01371</u> |
| Start Date (10) <u>9-19-19</u> | Scheduled Completion Date (11) <u>9-29-19</u> | Name of OSHA Monitor <u>N/A</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | |
| | | 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) IN Facility (13) <u>SIDING</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u> | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> |
| | | | |
| | | | Amount (Specify SF or LF) <u>2250 SF</u> |
| | | | Abatement Type Removal Repair Encapsulate Enclosure <u>X</u> |
| Name of Registered Waste Hauler <u>KLEWCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>4</u> |
| City, State <u>MAPLE SHADE W.J.</u> | | Disposal Date _____ | Name of Registered Landfill <u>C.M.C. MUA</u> |
| Completed By <u>MICHAEL KLEWCO</u> | | Title <u>PRES</u> | Signature <u>[Signature]</u> |
| | | | Date <u>9-9-19</u> |

CK + 4902

PAID

RECEIVED
SEP 16 2019

INV# 14487

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

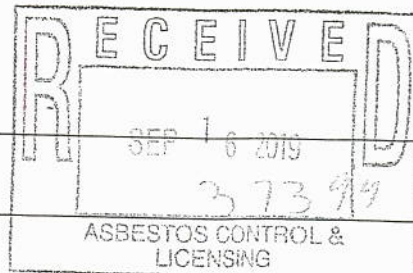
| | | | | | |
|--|--|--|--|--|--|
| Date of Notification (1) 9-9-18 | | Name of Building Owner/Operator (2) REUTER CONSTRUCTION | | ASBESTOS CONTROL & LICENSING | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 959 N. BEECHAM RD | |
| | | City, State, Zip Code WILLIAMSTOWN N.J. 08094 | | Name of Contact JOHN | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1500 | | |
| City (5) OCEAN CITY | | | # of Floors 2 | | |
| County (6) CAPE MAY | | | Bldg. Age 50 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) VACANT | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLEWCO 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) 9-19-19 | | Scheduled Completion Date (11) 9-29-19 | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address | |
| | | | | 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) | |
| SIDING | | X | | TRANSITE | |
| | | | | 2000 SF | |
| | | | | X | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler KLEWCO INC | | NJDEP Waste Hauler ID No. 17904 | | Cubic Yards of Waste 4 | |
| City, State MAPLE SHADE N.J. | | Disposal Date | | Name of Registered Landfill C&M - C.M.U.A | |
| | | | | City, State WOODBINE N.J. | |
| Completed By MICHAEL KLEWCO | | Title PRES | | Signature [Signature] | |
| | | | | Date 9-9-18 | |

INV# 14476

CK 37399

PAID

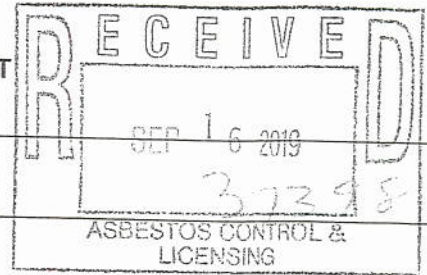
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|--|--|--|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) NCN Properties, 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 2033 Westfield Avenue City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Nick Novello Telephone Number 908-963-2886 | | | | | | | |
| 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 2500 sf | | | | | | | |
| City (5) Westfield | | # of Floors 2 | | | | | | | |
| County (6) Union | | Bldg. Age 100 | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone No. 732-349-9932 | | | | | | | |
| Start Date (10) 09 / 24 / 19 | | License No. 00624 | | | | | | | |
| Scheduled Completion Date (11) 09 / 26 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos pipe insulation | 130 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 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 09/26/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature [Signature] | | | Date 9/12/19 | | |

Inv# 14459
CK 37398 PAID

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



| | | | |
|--|---|---|---|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) Miracle Home Improvements | |
| 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 126 Shenandoah Blvd. | |
| | | City, State, Zip Code Toms River, NJ 08753 | |
| | | Name of Contact Miracle Home Improvements | Telephone Number 732-270-3277 |

| FACILITY INFORMATION | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Brick | | Square Feet 1850 sf | # of Floors 1 |
| County (6) Ocean | | Bldg. Age 65 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 09 / 23 / 19 | Scheduled Completion Date (11) 09 / 24 / 19 | | |
| 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)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1850 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

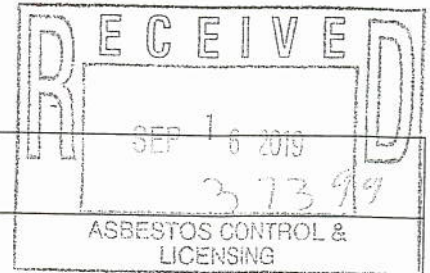
| | | | | | |
|--|--|---|----------------------------------|--|------------------------|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 09/24/19 | | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | Date 9/12/19 |

INN# 14476

CK 37399

PAID

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



| | | | |
|---|--|--|----------------------------------|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) NCN Properties, 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 2033 Westfield Avenue | |
| | | City, State, Zip Code Scotch Plains, NJ 07076 | |
| | | Name of Contact Nick Novello | Telephone Number 908-963-2886 |

FACILITY INFORMATION

| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Westfield | | Square Feet 2500 sf | # of Floors 2 |
| | | Bldg. Age 100 | |
| County (6) Union | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm Nicholas Fernicola | Telephone No. 732-349-9932 | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 09 / 24 / 19 | Scheduled Completion Date (11) 09 / 26 / 19 | | Name of OSHA Monitor E.M.S.L. Analytical |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |

Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos pipe insulation | 130 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 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 09/26/19 | | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | | Date 9/10/19 |

Check # 10774

Inv# 14458 PAID

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

RECEIVED
DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

| | | | |
|---|--|---|--|
| Date of Notification (1) 9-13-19 | | Name of Building Owner/Operator (2) Sakoutis Brothers Disposal | |
| 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 113 State Route 341 6 2019 City, State, Zip Code Farmingdale NJ 07727 Name of Contact John Sakoutis Telephone Number 732-603-0600 | |

| | | | |
|--|---|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age | |
| City (5) Long Branch NJ 07740 | | 2 60+- | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Single Family Dwelling | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | Name of Abatement Contractor (9) EPC Technologies Inc | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 |
| Start Date (10) 9-23-19 | Scheduled Completion Date (11) 10-6-19 | Name of OSHA Monitor EPC Technologies 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 337 City, State, Zip Code New Egypt NJ 08533 | |

Scope of Work (Check All That Apply)

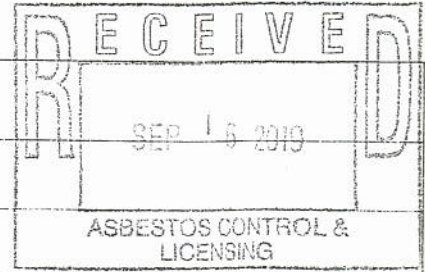
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior Walls | | | X | Siding Shingles | 1500 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|------------------------------------|----------------------------|---|--|
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 12 | Name of Registered Landfill Waste Management of PA | |
| City, State New Egypt NJ | | Disposal Date by 10-7-19 | | City, State Morrisville PA | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | | Date 9-13-19 | |

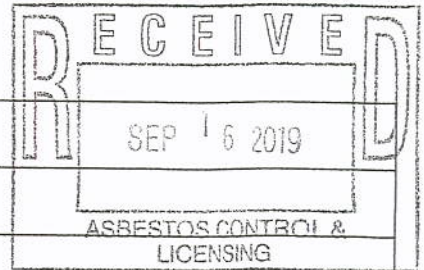
Inv# 14456
CK60025

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



| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) Karen Ulmer | | | | | | | |
|---|--|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Woodbury, NJ 08096 Name of Contact Karen Ulmer | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Ulmer 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 1,740 | | | | | | | |
| City (5) Woodbury | | # of Floors 2 | Bldg. Age 68 | | | | | | |
| County (6) Gloucester | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | License No. 00842 | | | | | | |
| Start Date (10) 10 / 28 / 19 | Scheduled Completion Date (11) 10 / 30 / 19 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 64 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 Freehold Cartage | | NJDEP Waste Hauler ID No 15939 | Cubic Yards of Waste 1 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 10/30/2019 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | | Signature <i>Christina Fay</i> | | Date 9/12/19 | | | |

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



IN # 14455
CK0284 PAID

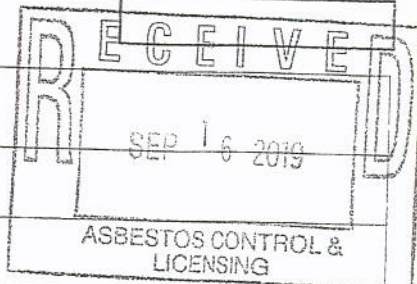
| | | | | | | | | | |
|--|--|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 09/11/2019 CHECK # 0284 | | Name of Building Owner/Operator (2) | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input 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 MADISON NJ, 07940 Name of Contact JOSEPH RUSSO Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) MADISON NJ, 07940 | | Square Feet 50X100 | # of Floors 2FL Bldg. Age 50+ | | | | | | |
| County (6) MORRIS | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) OCCUPIED | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING | | | | | | |
| Street Address | | Street Address 24 CHURCH ST | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code ELMWOOD NJ, 07407 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201- 873 9418 | License No. 01301 | | | | | | |
| Start Date (10) 09/25/2019 | Scheduled Completion Date (11) 09/27/2019 | Name of OSHA Monitor ALL SOLUTIONS CONTRACTING | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 24 CHURCH ST | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 3:30 | | City, State, Zip Code ELMWOOD NJ, 07407 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT AND GARAGE | | | X | ACM PAPER DUCT INSULATION | 45 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATLANTIC CARTING | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste TDB | Name of Registered Landfill GRAND CENTRAL | | | | | |
| City, State PEN ARGYL PA 18072 | | | Disposal Date TDB | City, State PEN ARGYL PA 18072 | | | | | |
| Completed by LUIS ARCILA | | Title PRESIDENT | Signature | | | Date 09/11/2019 | | | |

Check#3429

PAID

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

INV# 14453



| | | | | | | | | | |
|--|---|--|-------------------------------------|--|----------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 12 / 19 | | Name of Building Owner/Operator (2) Wayne Testa | | | | | | | |
| 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 [REDACTED] | | City, State, Zip Code Franklin, NJ 07416 | | | | | | | |
| Name of Contact Wayne Testa | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Franklin, NJ 07416 | | County (6) Sussex | | | | | | | |
| County Code (7) (STATE USE ONLY) Sussex | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] | | ASCM No. Name of Abatement Contractor (9) Gr Tech LLC | | | | | | | |
| Street Address [REDACTED] | | Street Address 576 Valley Rd #283 | | | | | | | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. License No. 973-638-1777 01127 | | | | | | | |
| Start Date (10) 09 / 22 / 19 | | Scheduled Completion Date (11) 09 / 23 / 19 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Name of OSHA Monitor Envirovision Consultants, Inc. | | | | | | | |
| Street Address 20-21 Wagaraw Road, Bldg. # 35E | | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Crawl space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 25 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | | Cubic Yards of Waste TBD | | Name of Registered Landfill T.R.R.F. Inc | | | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) N. Jevtic | | Title Owner | | Signature <i>N. Jevtic</i> | | Date 09/12/19 | | | |

ASB-41

MAY 11

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

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

LN#14452 PAID

CK# 1449

| | | | |
|---|--|---|--|
| Date of Notification (1) 9/11/19 | | Name of Building Owner/Operator (2) Woodbridge Township School District | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address PO Box 428, School Street | | City, State, Zip Code Woodbridge, NJ 07095 | |
| Name of Contact Brian Wolferman | | Telephone Number STOS CONTROL & LICENSING | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Ross Street School #11 | | | 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 110 Ross St. | | | Square Feet 55,500 | | |
| City (5) Woodbridge | | | # of Floors 3 | | |
| County (6) Middlesex | | | Bldg. Age 1920 | | |
| County Code (7) (STATE USE ONLY) _____ | | | Current Use (Prior if being demolished) School | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | | |
| Street Address | | | Name of Abatement Contractor (9) Unicorn Contracting Corp. | | |
| City, State, Zip Code | | | Street Address 32 Willow Way | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Woodland Park, NJ 07424 | | |
| Telephone No. | | | Telephone No. 973-333-9176 | | |
| License No. 01331 | | | Start Date (10) 09/20/19 | | |
| Scheduled Completion Date (11) 10/11/2019 | | | Name of OSHA Monitor Envirovision Consultants, Inc. | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Street Address 20-21 Wagaraw Rd., Bldg. 35-E | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 lf or ≥ 260 lf | | | City, State, Zip Code Fair Lawn, NJ 07410 | | |
| <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) | |
| | | Yes No N/A | | Amount (Specify SF or LF) | |
| Roof | | X | | Built Up Roofing, Bottom Layer | |
| | | | | 17,000 SF | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 150+ CU YD | |
| City, State Newark, New Jersey | | Disposal Date TBD | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| Completed by Dimo Golcev | | Title General Manager | | City, State Morrisville, PA | |
| | | Signature | | Date 9/11/19 | |

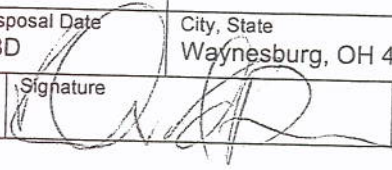
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Inv# 14451
CK26556 PAID

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09-06-19 | | Name of Building Owner/Operator (2) Jones Lang LaSalle Americas Inc. JPMC | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 1111 Pasquinelli Drive, Suite #100 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Westmont, IL 60559 | | | | | | | |
| | | Name of Contact Brian Kaminski | | Telephone Number (732) 343-0537 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Chase Bank | | | Type of Facility (4) | | | | | | |
| Street Address 24 Park Avenue | | | <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) Rutherford, NJ 07070 | | | Square Feet | # of Floors | Bldg. Age | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Bank | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 2001 Route 46, Waterview Plaza, Ste. 310 | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Don Wendt | | Telephone No. (732) 887-0783 | Telephone No. 201-939-6565 | License No. 00756 | | | | | |
| Start Date (10) 09-21-19 | Scheduled Completion Date (11) 09-30-19 | | Name of OSHA Monitor Even-Air Inc. | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 10-59 Jackson Avenue | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | City, State, Zip Code Long Island City, NY 11101 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input 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"/> Intact Removal <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: SW Storage Area | | | x | Pipe Insulation | 40LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date TBD | | City, State Pen Argyl, PA 18072 | | | | | |
| Completed by John A. Tancredi | | Title Project Manager | | Signature <i>John A. Tancredi</i> | | Date 09-06-19 | | | |

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

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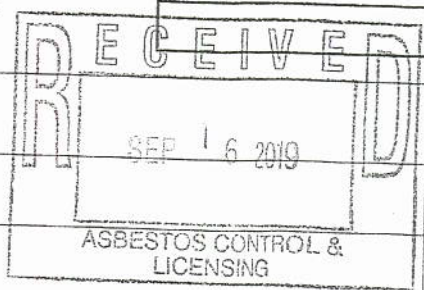
| | | | | | | | | | |
|--|---|---|---|--|---|------------------|--------|-------------|-----------|
| Date of Notification (1) 09-05-19 | | Name of Building Owner/Operator (2) PRC KKF Group | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2019 ASBESTOS CONTROL & LICENSING (732) 222-2000 x2207 </div> | | | | | |
| Agencies Notified | Type Notification | Street Address P.O. Box 70, 40 Monmouth Park Highway | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code West Long Branch, NJ 07764 | | | | | | | |
| | | Name of Contact Peter Wersinger III, Esq. | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Fort Monmouth | | | Type of Facility (4) | | | | | | |
| Street Address 145 Sherrell Road | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Oceanport, NJ | | | Square Feet 1,000 | # of Floors 1 | Bldg. Age 1980 | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Commercial | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services | | ASCM No. | | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | |
| Street Address 300 Kimball Drive | | | | Street Address 200 Broad Street | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. (973)560-4983 | | Telephone No. 201-939-6565 | License No. 00756 | | | | |
| Start Date (10) 09-10-19 | | Scheduled Completion Date (11) 03-31-20 | | Name of OSHA Monitor Even-Air Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 10-59 Jackson Avenue | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code Long Island City, NY 11101 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| Ground Floor | | | X | Floor Tile & Mastic | 900SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509) | | NJDEP Waste Hauler ID No. 24310 | | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | |
| City, State Shirley, NY / Newark, NJ 07105 | | | | Disposal Date TBD | City, State Waynesburg, OH 44688 | | | | |
| Completed by Richard Doran | | Title Project Manager | | | Signature  | Date 09-05-19 | | | |

IN#14447

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

Check#3428

PAID



| | | | | | | | | | |
|--|---|---|--|-------------------------------|----------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 09 / 19 | | Name of Building Owner/Operator (2) Lois Selfridge | | | | | | | |
| 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 [REDACTED] | | City, State, Zip Code Middlesex, NJ 08846 | | | | | | | |
| Name of Contact Lois Selfridge | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Middlesex, NJ 08846 | | County (6) Middlesex | | | | | | | |
| County Code (7) (STATE USE ONLY) Middlesex | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] | | ASCM No. Name of Abatement Contractor (9) Gr Tech LLC | | | | | | | |
| Street Address [REDACTED] | | Street Address 576 Valley Rd #283 | | | | | | | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm [REDACTED] | | Telephone No. License No. 973-638-1777 01127 | | | | | | | |
| Start Date (10) 09 / 21 / 19 | | Scheduled Completion Date (11) 09 / 22 / 19 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Name of OSHA Monitor Envirovision Consultants, Inc. | | | | | | | |
| Street Address 20-21 Wagaraw Road, Bldg. # 35E | | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 1st floor-utility room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite panel | 110 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st floor-3 closets | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT floor tiles | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | | Cubic Yards of Waste TBD | | Name of Registered Landfill T.R.R.F. Inc | | | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) N.Jevtic | | Title Owner | | Signature <i>N. Jevtic</i> | | Date 09/09/19 | | | |

ASB-41

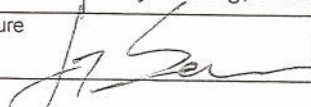
MAY 11

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

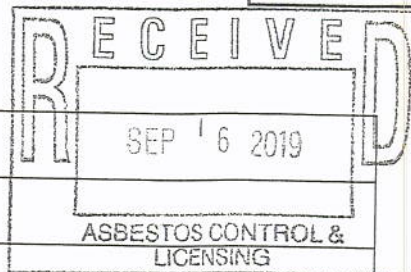
Inv # 14446 PAID

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

check# 3462

| | | | | | | | |
|--|---|---|--|--|---|---|--|
| Date of Notification (1) 8/30/2019 | | Name of Building Owner/Operator (2) 12 Route 46, LLC | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 16 2019 ASBESTOS CONTROL & LICENSING </div> | | | |
| Agencies Notified | | Type Notification | | | | Street Address 77 Bloomfield Avenue | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | City, State, Zip Code Pine Brook, New Jersey 07058 | |
| | | Name of Contact Mr. Allan Markus, Esq. | | Telephone Number (973) 575-0070 | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Pine Brook Motor Inn - Apartments 77 & 78 | | | | Type of Facility (4) | | | |
| Street Address 12 State Route 46 | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | |
| City (5) Pine Brook | | | | Square Feet 1,200 | # of Floors 1 | | |
| County (6) Morris | | | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50 | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | | ASCM No. _____ | Name of Abatement Contractor (9) Sky Contracting, LLC | | | |
| Street Address | | | Street Address 1385 Valley Road, Suite K | | | | |
| City, State, Zip Code | | | City, State, Zip Code Wayne, New Jersey 07470 | | | | |
| Project Manager for Monitoring Firm | | | Telephone No. _____ | Telephone No. (973) 928-5040 | License No. 00874 | | |
| Start Date (10) 9/16/2019 | | Scheduled Completion Date (11) 12/30/2019 | | Name of OSHA Monitor Sky Contracting, LLC | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 1385 Valley Road, Suite K | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code Wayne, New Jersey 07470 | | | |
| Scope of Work (Check All That Apply) | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 | | | | |
| Bottom - Kitchen | | x | | Floor Tile 2nd Layer | 110 SF | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group, Inc. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises, LLC | | |
| City, State New Castle, Delaware | | Disposal Date TBD | | City, State Waynesburg, Ohio | | | |
| Completed by Ljiljana Sekularac | | Title Office Assistant | | Signature  | Date 8/30/2019 | | |

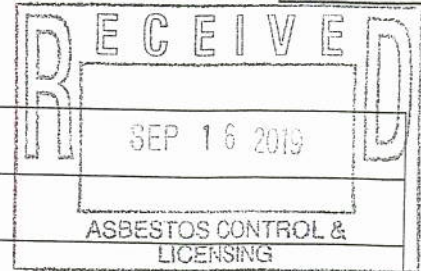
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Trn #14443
CK1274 PAID

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|--|--|---|----------------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 09.05.19 | | Name of Building Owner/Operator (2) COUNTY OF WARREN | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1024 ROUTE 57 | | | | | | | |
| <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 WASHINGTON, NJ 07882 | | | | | | | |
| | | Name of Contact WILLIAM HUNT | Telephone Number 908-835-2051 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 30 SOUTH MAIN ST | | Type of Facility (4) | | | | | | | |
| Street Address 30 SOUTH MAIN ST | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) STOCKTON | | Square Feet 1416 | # of Floors 2 | | | | | | |
| County (6) WARREN | | County Code (7) (STATE USE ONLY) | Bldg. Age 1979 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC | | Current Use (Prior if being demolished) PRIVATE RESIDENCE | | | | | | | |
| Street Address PO BOX 354 | | Name of Abatement Contractor (9) BRINK'S TANK SERVICES | | | | | | | |
| City, State, Zip Code SOUTH ORANGE, NJ 07079 | | Street Address 1256 LIBERTY AVE | | | | | | | |
| Project Manager for Monitoring Firm SARAH CALANDRA | | City, State, Zip Code HILLSIDE, NJ 07205 | Telephone No. 844-462-7465 | | | | | | |
| Start Date (10) 09.20.19 | Scheduled Completion Date (11) 09.30.19 | Telephone No. 844-462-7465 | License No. 01316 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: PRIVATE RESIDENCE | | Street Address PO BOX 354 | | | | | | | |
| Scope of Work (Check All That Apply) | | City, State, Zip Code SOUTH ORANGE, NJ 07079 | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | | X | | TRANSITE SIDING | 1500 SF | X | | | |
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| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill WASTE MANAGEMENT LANDFILL | | | | | |
| City, State EAST ORANGE, NJ | | Disposal Date | | City, State PEN ARGYLE, PA | | | | | |
| Completed by ALISON LAMERS | | Title OFFICE MANAGER | Signature | | | Date | | | |

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



INV# 14442
CK 2202
PAID

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|--|--|---|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 09/06/2019 | | Name of Building Owner/Operator (2) Robert Delacruz | | | | | | | |
| 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 Short Hills, NJ 07078 | | | | | | | |
| | | Name of Contact Robert Delacruz | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Short Hills | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 9733458685 | | | | | | |
| Start Date (10) 09/18/2019 | | Scheduled Completion Date (11) 09/19/2019 | License No. 01311 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | VAT | 320 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | | Date 09/06/2019 | | |