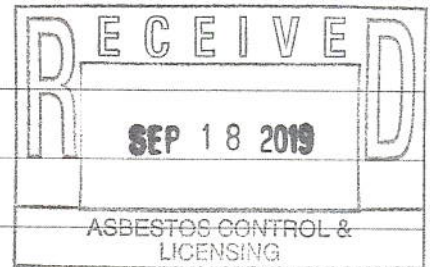


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/23/2019		Name of Building Owner/Operator (2) Atlantic City Electric							
Agencies Notified	Type Notification	Street Address 5100 Harding Highway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing, NJ, 08330							
		Name of Contact Jeff Belfus	Telephone Number 856-433-6000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ACE Landis Substation		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 1545 Gallagher Dr.		Square Feet 1200	# of Floors 1						
City (5) Vineland		Bldg. Age							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation Control House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address		Street Address 2400 Main St.							
City, State, Zip Code		City, State, Zip Code Sayreville, NJ, 08872							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-525-0100						
		License No. 00750							
Start Date (10) 9/9/2019	Scheduled Completion Date (11) 9/18/2019	Name of OSHA Monitor Environmental Tactics							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 64 Broad St.							
		City, State, Zip Code Matawan, NJ, 07747							
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 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	1200 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 40	Name of Registered Landfill CCIA Solid Waste Complex					
City, State Freehold, NJ		Disposal Date 9/17/2019		City, State Rosenhayn, NJ					
Completed by John Evanovich		Title Estimator	Signature 			Date 9/9/2019			

Ch 2307

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

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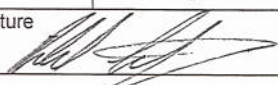
SEP 18 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Alesia Richardson							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106 Name of Contact Nathan Richardson							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 2700	# of Floors 2						
County (6) Essex		Bldg. Age 65+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/25/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		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
Bedroom		x		VAT	152 SF	x			
Bathroom		x		VAT	22 SF	x			
Laundry Room		x		VAT	203 SF	x			
Stairs		x		VAT	108 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 5 YD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President		Signature		Date 9/16/19			

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

Print Form	
SEP 18 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) North Village Associates							
Agencies Notified <input checked="" 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 #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 682-684 Village Dr. South		City, State, Zip Code North Brunswick, NJ 08902							
Name of Contact Greg Feliciano		Telephone Number 732-322-9092							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Complex		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 682-684 Village Dr. South		Square Feet 6000	# of Floors 2						
City (5) North Brunswick		Bldg. Age 65+/-							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/17/19	Scheduled Completion Date (11) 9/20/19	Name of OSHA Monitor							
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 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Crawl Space		X		Pipe Wrap	168 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/16/19			

Ch 2305

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

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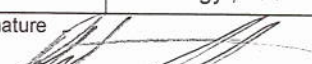
SEP 18 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/16/19 Inv 14505		Name of Building Owner/Operator (2) Cranford Parks & Recreation	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	401 Centennial Ave.	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact Steve Robertazzi	Telephone Number 908-709-7283

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Pool House		Type of Facility (4)	
Street Address 401 Centennial Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Cranford	Square Feet 20000	# of Floors 2	Bldg. Age 65+/-
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Pool House	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 9/17/19	Scheduled Completion Date (11) 9/20/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #1		x		Pipe Wrap	63 LF	x			

Name of Registered Waste Hauler All Stages Abatement	NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Saddle Brook, NJ		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Richard Cristofol	Title President	Signature 	Date 9/16/19

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

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SEP 18 2019
ASBESTOS CONTROL & LICENSING

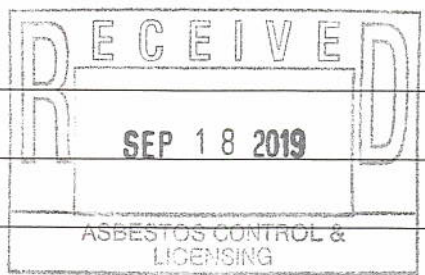
Ch 2101 Inv 14512

Date of Notification (1) 9 / 16 / 19		Name of Building Owner/Operator (2) Edward Friedman / Job #1909-2490 Chk. #2101							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Woodcliff Lake, NJ 07677 Name of Contact Edward Friedman Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gloucester Healthcare Properties / Advanced Subacute Care		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 685 Salina Road		Square Feet 65,413							
City (5) Sewell		# of Floors 1							
County (6) Gloucester		Bldg. Age 59							
County Code (7) (STATE USE ONLY) 09080		Current Use (Prior if being demolished) Vacant portion of building							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.							
Street Address 400 Street Road, Suite 100		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Bensalem, PA 19044		Street Address 1835 Underwood Blvd							
Project Manager for Monitoring Firm Mike Panepresso		City, State, Zip Code Delran, NJ 08075							
Telephone No. 215-244-1300		Telephone No. 609-702-0400							
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 9 / 25 / 19		Scheduled Completion Date (11) 10 / 4 / 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		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	392 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler/Electric Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Stairwell Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 10/4/2019		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature [Signature]		Date 9-16-19			

MO 2611 2065602

PAID

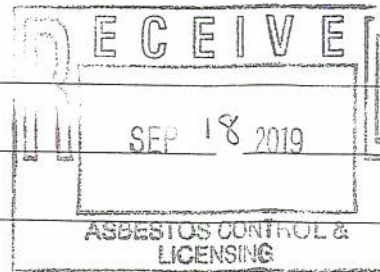
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:420)



Date of Notification (1) 9/16/2019 <i>Inv 14511</i>		Name of Building Owner/Operator (2) Ylli Alizoti							
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 Norwood, New Jersey 07648							
		Name of Contact Ylli Alizoti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 2						
City (5) Norwood		Bldg. Age 60+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Trillion Contracting Inc.						
Street Address		Street Address 418 N 10th Street							
City, State, Zip Code		City, State, Zip Code Fairview, New Jersey 07022							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-500-5194						
			License No. 02012						
Start Date (10) 9/28/19	Scheduled Completion Date (11) 10/02/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Siding		X		Transite	926 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associ., INC.		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, INC					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Jose M. Amaris-Quiros		Title Project Manager		Signature <i>Jose Amaris</i>		Date 9/16/2019			

Inv# 14569
MO 25920017310

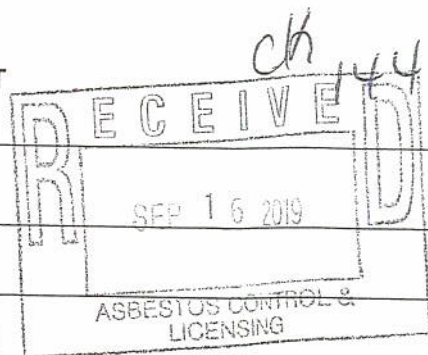
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/05/19		Name of Building Owner/Operator (2) Buckeye							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Port Reading							
		Name of Contact Luis Amengual	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye		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) Port Reading		Square Feet	# of Floors						
County (6) Middle Sex		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.							
Street Address		Name of Abatement Contractor (9) L.E.M. Construction LLC.							
City, State, Zip Code		Street Address 440 Lincoln Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Cliffside Park, NJ, 07010							
Telephone No.		Telephone No. (201)500-9896	License No. 02004						
Start Date (10) 09/16/2019	Scheduled Completion Date (11) 11/16/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 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
Facility Grounds		X		TSI	30 LF	X	X	X	X
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste TBD	Name of Registered Landfill TBD				
City, State TBD		Disposal Date TBD		City, State TBD					
Completed by Luis Amengual		Title Owner		Signature 			Date 09/06/19		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Inv# 145066
CK144 PAID

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 [REDACTED]	
		City, State, Zip Code Winslow Camden County, NJ 08081	
		Name of Contact Will Milbey	Telephone Number

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 [REDACTED]			
City (5) Winslow Camden County, NJ 08081		Square Feet	# of Floors 1
			Bldg. Age 1956
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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: 7AM-11:30PM/____PM-____AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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 <i>Vernice Graham</i>		Date 4-4-19	

Inv # 14507
Ch 2028

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26D and 12:20)

Print Form

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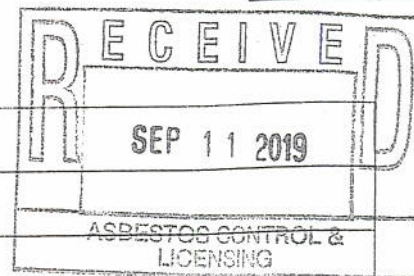
SEP 11 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/6/19		Name of Building Owner/Operator (2) CP CEI Engelwood MM, LLC.							
Agencies Notified	Type Notification	Street Address 49 Route 202							
<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 Far Hills, New Jersey 07931							
		Name of Contact Craig Verhasselt	Telephone Number 908-658-3900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 40 Bennett 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) Engelwood		Square Feet 21000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Vacant							
Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc.							
City, State, Zip Code		Street Address 189 Townsend Street							
Project Manager for Monitoring Firm		City, State, Zip Code New Brunswick, NJ 08901							
Telephone No.		Telephone No. 732 565-3655	License No. 01284						
Start Date (10) 6/24/19	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 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 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
1st floor kitchen			X	pipe insulation	30lf	X			
1st floor			X	VAT	16400 sf	X			
roof			X	flashing	300sf	X			
basement			X	pipe insulation	3lf	X			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 40	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ		Disposal Date June-July 2019		City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature <i>Todd Grant</i>			Date 10/24/18			

Inv# 14508
Ch 2027

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



Date of Notification (1) 08/14/2019		Name of Building Owner/Operator (2) CP CEI Engelwood MM, LLC.	
Agencies Notified	Type Notification	Street Address 49 Route 202	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Far Hills, New Jersey 07931	
		Name of Contact Craig Verhasselt	Telephone Number 908-658-3900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 40 Bennett Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Engelwood	Square Feet 21000	# of Floors 1	Bldg. Age 50+
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc. Street Address 189 Townsend Street	
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 565-3655	License No. 01284
Start Date (10) 08/14/2019	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA	
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: Co-mingled RACM disposal		Street Address 17 Meredith Pl. City, State, Zip Code Piscataway, NJ 08854	

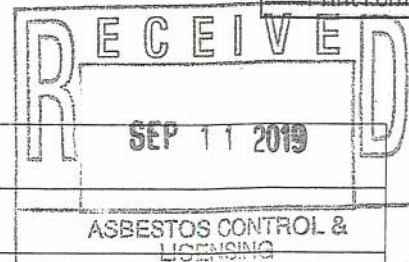
Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <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 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	Co-mingled RACM Debris	50 ton				

Name of Registered Waste Hauler Nova Development Group, Inc.	NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.
City, State New Brunswick, NJ		Disposal Date June-July 2019	City, State Morrisville, PA
Completed by Todd Grant	Title President	Signature <i>Todd Grant</i>	Date 08/14/2019

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



Date of Notification (1) 6/6/19		Name of Building Owner/Operator (2) CP CEI Engelwood MM, LLC.							
Agencies Notified	Type Notification	Street Address 49 Route 202							
<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 Far Hills, New Jersey 07931							
		Name of Contact Craig Verhasselt	Telephone Number 908-658-3900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 25 Lafayette Avenue City (5) Engelwood		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.)							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Square Feet 19500	# of Floors 2 Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Vacant							
Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc.							
City, State, Zip Code		Street Address 189 Townsend Street							
Project Manager for Monitoring Firm		City, State, Zip Code New Brunswick, NJ 08901							
Telephone No.		Telephone No. 732 565-3655	License No. 01284						
Start Date (10) 6/24/19	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor			x	transite pipe	10lf	x			
roof			x	build-up roof	18000sf	x			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 40	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ		Disposal Date June-July 2019		City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature 			Date 10/24/18			

Inv# 14510
Ch2030

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

Print Form

RECEIVED

SEP 11 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/6/19		Name of Building Owner/Operator (2) CP CEI Engelwood MM,LLC.	
Agencies Notified	Type Notification	Street Address 49 Route 202	
<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 Far Hills, New Jersey 07931	
		Name of Contact Craig Verhasselt	Telephone Number 908-658-3900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 51 Lafayette Avenue City (5) Engelwood County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 950 # of Floors 1 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) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Nova Development Group, Inc. Street Address 189 Townsend Street City, State, Zip Code New Brunswick, NJ 08901	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 732 565-3655 License No. 01284	
Start Date (10) 6/24/19	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA	
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 17 Meredith Pl. City, State, Zip Code Piscataway, NJ 08854	

Scope of Work (Check All That Apply)

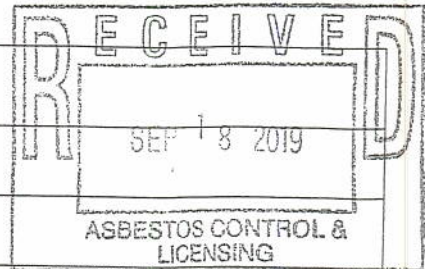
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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	VAT	344sf	x			
roof			x	build-up roof	1825sf	x			

Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 40	Name of Registered Landfill GROWS, Inc.	
City, State New Brunswick, NJ		Disposal Date June-July 2019		City, State Morrisville, PA	
Completed by Todd Grant	Title President	Signature <i>Todd Grant</i>		Date 10/24/18	

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

CK #1201



Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) Bank of America							
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 44 South Broadway City, State, Zip Code White Plains, NY 10601 Name of Contact Dino Nappi							
		Telephone Number 516-972-8809							
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 and commercial buildings, homes, etc.)							
Street Address 252 Rock Road									
City (5) Glen Rock, NJ		Square Feet 5,000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809	License No. 00774						
Start Date (10) 10 / 12 / 19	Scheduled Completion Date (11) 12 / 31 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM		Street Address 10- 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	4000 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date 12/31/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 09-17-19		

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

CK #1200

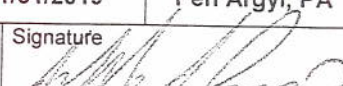
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SEP 18 2019
ASBESTOS CONTROL & REMEDIATION
Telephone Number 516-972-8809

Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) Bank of America	
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 44 South Broadway	
		City, State, Zip Code White Plains, NY 10601	
		Name of Contact Dino Nappi	

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 and commercial buildings, homes, etc.)	
Street Address 307 Bergen Blvd			
City (5) Fairview, NJ		Square Feet 5,000	# of Floors 1
		Bldg. Age 45	
County (6) Hudson	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.	
Street Address 44 South Broadway		Name of Abatement Contractor (9) JVN Restoration Inc	
City, State, Zip Code White Plains, NY 10601		Street Address 47 Foster Road	
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809	License No. 00774
Start Date (10) 10 / 11 / 19	Scheduled Completion Date (11) 11 / 30 / 19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm.</u> AM		Name of OSHA Monitor Testor Tech	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

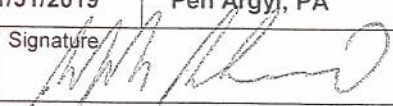
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date 11/31/2019		City, State Pen Argyl, PA	
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 	Date 09-17-19

Inv# 14516 PAID

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

CK #1188

Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) Bank of America		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2019 ASBESTOS CONTROL & LICENSING </div>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						Street Address 44 South Broadway				
		City, State, Zip Code White Plains, NY 10601						Name of Contact Dino Nappi				
				Telephone Number 516-972-8809								
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 and commercial buildings, homes, etc.)								
Street Address 186 Newark Avenue												
City (5) Jersey City, NJ				Square Feet 5,000		# of Floors 1						
County (6) Hudson		County Code (7) (STATE USE ONLY)		Bldg. Age 45								
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc								
Street Address 44 South Broadway				Street Address 47 Foster Road								
City, State, Zip Code White Plains, NY 10601				City, State, Zip Code Staten Island NY 10309								
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809		Telephone No. 718-605-6256		License No. 00774						
Start Date (10) 10 / 05 / 19		Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Testor Tech								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/11:30 PM-Saturday</u> <u>Sunday 9:00 am to 3:00 pm.</u> AM				Street Address 10- 59 Jackson Avenue								
				City, State, Zip Code LIC NY 11101								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic		1200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic		300 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15		Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, NJ				Disposal Date 11/31/2019		City, State Pen Argyl, PA						
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 				Date 09-17-19				

INV# 14517

check# 3225

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

PAID

RECEIVED

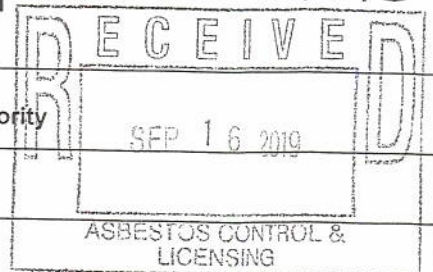
Date of Notification (1) August 30, 2019			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
			Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688			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 RBHS PISCATAWAY CAMPUS			Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years		
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 09/13/2019		Scheduled Completion Date (11) 09/16/2019		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 7am -3pm Describe: Schedule: 5PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) NOT SUB 8 <input type="checkbox"/> Other- Describe:			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
V12 & V12A	<input checked="" type="checkbox"/>	VAT		950 SF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 20 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509				Disposal Date 09/16/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	Date August 30, 2019

CK 28354

PAID

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

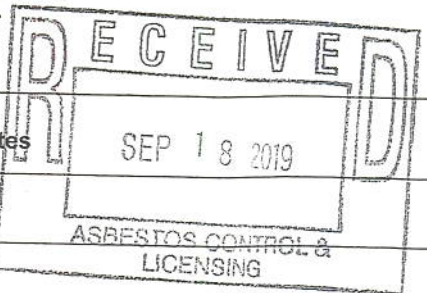
Inv# 14518



Date of Notification (1) 8 / 26 / 19		Name of Building Owner/Operator (2) Camden County Improvement Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 520 Market St. City, State, Zip Code Camden NJ.08102 Name of Contact Anna Marie Wright Telephone Number 856-8255543							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Masonic Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1201 Haddonfield Berlin Road		Square Feet 20,500							
City (5) Cherry Hill		# of Floors 2							
County (6) Camden		Bldg. Age +/- 70							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Associates LLC		ASCM No.							
Street Address P.O. Box 217		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
City, State, Zip Code Schwenksville Pa. 19473		Street Address 8436 Enterprise Avenue							
Project Manager for Monitoring Firm Andrew Melinchuk		City, State, Zip Code Philadelphia, PA 19153							
Telephone No. 215-439-1566		Telephone No. 215-365-5810							
License No. 1156		Name of OSHA Monitor USA Environmental Management, Inc.							
Start Date (10) 9 / 9 / 19		Scheduled Completion Date (11) 10 / 16 / 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		Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic Wall Studs	141 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yellow Floor Mastic	2025 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing & Flashing	2820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceramic Tile Mastic	725SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill				
City, State New Castle De.		Disposal Date 7/16/19		City, State Waynesburg Pa.					
Completed By (Print or Type) Kevin Meldrum		Title Project Manager		Signature 		Date			

OK 65439
1540-02 PAID

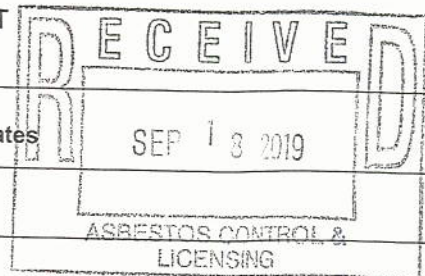
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 13 / 19		Name of Building Owner/Operator (2) Adams, Rhemann & Heggan Associates							
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 215 Belleveve Ave		City, State, Zip Code Hammonton, NJ 08037							
Name of Contact Mr. Henry Weigel		Telephone Number 609 561-0842							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 1066 N. Delsea Drive		Square Feet >2200							
City (5) Vineland		# of Floors 1							
County (6) Cumberland		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Store							
Name of Monitoring Firm Hired by Building Owner (8) Lea Environmental		Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address 900 Route 168, Suite E4		Street Address 1345 Industrial Blvd							
City, State, Zip Code Blackwood NJ 08012		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 866 711-0201							
Start Date (10) 9 / 26 / 19		Scheduled Completion Date (11) 11 / 30 / 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: 7AM-4PM/ PM- AM		Telephone No. 215 322-2900 License No. 00783							
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"/> 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
Floor Tile and Mastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main Store Show Room	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transite Paneling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heater and Closet Ceiling	32 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 Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill			
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-13-2019			

TIN# 14520 PAID
1540-02

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

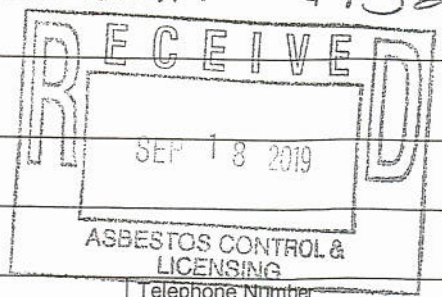


Date of Notification (1) 9 / 13 / 19		Name of Building Owner/Operator (2) Adams, Rhemann & Heggan Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 Belleveve Ave City, State, Zip Code Hammonton, NJ 08037							
		Name of Contact Mr. Henry Weigel	Telephone Number 609 561-0842						
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 and commercial buildings, homes, etc.)							
Street Address 1062 N. Delsea Drive									
City (5) Vineland		Square Feet >2200	# of Floors 1						
County (6) Cumberland		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) Lea Environmental		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 900 Route 168, Suite E4		Street Address 1345 Industrial Blvd							
City, State, Zip Code Blackwood NJ 08012		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610 558-8902	Telephone No. 215 322-2900						
License No. 00783									
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 11 / 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 - Describe Time of Abatement: 7AM-4PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Roofing Cement Over Metal	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BLACK/SILVER ROOFING AND	*****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIMNEY CEMENT	200 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"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9/13/2019			

CK 65441
1539-02 PAID

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

Inv# 14521

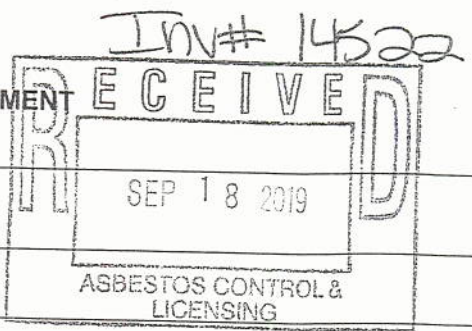


Date of Notification (1) 9 / 12 / 19		Name of Building Owner/Operator (2) Virtua						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd City, State, Zip Code Marlton NJ 08053 Name of Contact Pat Giordano Telephone Number 856 355-0923						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-		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 1600 Haddon Avenue		Square Feet >50,000						
City (5) Camden		# of Floors 7						
County (6) Camden		Bldg. Age 30+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm hired by Building Owner (8) Vertex Environmental		ASCM No.						
Street Address 700 Turner Way, Suite 105		Name of Abatement Contractor (9) Delta/BJDS, Inc						
City, State, Zip Code Aston, Pa 19014		Street Address 1345 Industrial Blvd						
Project Manager for Monitoring Firm Don Heim		City, State, Zip Code Southampton Pa 18966						
Telephone No. 610 558-8902		Telephone No. 215 322-2900						
Start Date (10) 9 / 26 / 19		License No. 00783						
Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Criterion						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ _____ PM- _____ AM		Street Address 400 Street 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 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		City, State, Zip Code Bensalem Pa 19020						
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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please See Attach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill		
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio				
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-12-2019		

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Cellar	YES	NO	N/A				
Hallway	X		Pipe Insulation fiberglass seam mastic	50 Ea			
Hallway adjacent M elevator	X		Pipe Insulation	45 LF	X		
Lab/hall adjacent Bye office	X		Pipe Insulation	35 LF	X		
David Bye Office	X		Pipe Insulation	100 LF	X		
Hallway adjacent boiler room	X		Pipe Insulation	100 LF	X		
Room C-33	X		Residual debris on fittings	5 ea	X		
Transition hallway from main to north wing	X		Pipe Insulation	50 LF			
Hallway north at electric rm	X		Seam mastic on Fiberglass pipe insulation	200 ea		X	
Sterile processing office	X		12" tan floor tile	240 SF	X		
Basement Level							
EP Lab 1	X		Pipe Insulation/penetration	1 LF	X		
Material management	X		12" tan floor tile w/mastic	145 SF	X		
Main Bldg 1st Fl Wellness Room (Future IDP)							
Wellness Room above ceiling	X		Pipe Insulation	15 LF	X		
North Wing 2nd Floor Social Work Office (Future IDP)							
North social work office throughout	X		12 X 12 Beige Floor Tile	150 SF	X		
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)							
Room 401 consultation room t/o	X		Mastic a/w non-ACM 12"x 12"	220 SF	X		
Main Building 7th Floor Room 701 (Future IDP)							
Room 701 Throughout	X		Pipe Insulation (Above Ceiling Tile)	40 LF	X		

CK 65440
1538-02 PAID

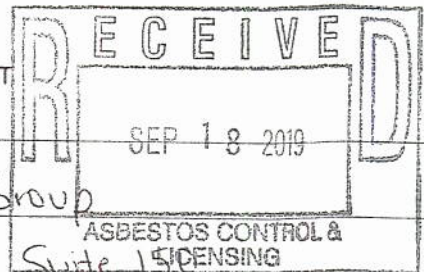
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>9</u> / <u>12</u> / <u>19</u>		Name of Building Owner/Operator (2) Virtua		RECEIVED SEP 18 2019 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 20 Stow Rd							
		City, State, Zip Code Marlton NJ 08053							
		Name of Contact Pat Giordano		Telephone Number 856 355-0923					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-Willingboro			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 218 Sunset Road									
City (5) Willingboro			Square Feet >50,000	# of Floors 5	Bldg. Age 30+				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.		Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address 700 Turner Way, Suite 105				Street Address 1345 Industrial Blvd					
City, State, Zip Code Aston, Pa 19014				City, State, Zip Code Southampton Pa 18966					
Project Manager for Monitoring Firm David Brown		Telephone No. 610 558-8902		Telephone No. 215 322-2900	License No. 00783				
Start Date (10) <u>9</u> / <u>26</u> / <u>19</u>		Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>19</u>		Name of OSHA Monitor Criterion					
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>4</u> PM/____PM-____AM			Street Address 400 Street Road						
			City, State, Zip Code Bensalem Pa 19020						
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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please See Attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State 58 Pyles Lane New Castle DE				Disposal Date	City, State Waynesburg, Ohio				
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-12-2019			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
1st Floor Medical Records office	YES	NO	N/A				
North End Office	X						
		9x9 Black Floor Tile w/black mastic below Carpet(Only a portion of the room will be abated)					
1st Fl. G Wing Respiratory			400 SF	X			
Therapy area Storage Closet							
Throughout	X	12X12 Gray Floor Tile with black mastic (Bottom Layer)					
			100 SF	X			
1st Fl-H Wing Hallway							
Custodial break room							
Custodial break room	X	9 X 9 tan floor tile w/black mastic	100 SF	X			
5th Fl. E Wing Tower/Supply Closet		12 X 12 Floor tile w/Black Mastic Below Carpet					
Throughout	X		120 SF	X			
3rd Floor-E Wing Tower Office							
Throughout	X	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	X			
Throughout	X	12X12 white floor tile w/black mastic bottom layer	50 SF	X			
2nd Floor -E Wing Tower Office							
Throughout	X	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	X			

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



NOCK

Date of Notification (1)
9 / 12 / 19

Name of Building Owner/Operator (2)
Brixmor Property Group

Street Address
One Fayette Street, Suite 150

City, State, Zip Code
Conshohocken, PA 19428

Name of Contact
Pranav Ambati

Telephone Number
610-834-7799

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA (NJAC 5:23-8)

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Tinton Falls Plaza

Street Address
980 Shrewsbury Avenue

City (5)
Tinton Falls

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 and commercial buildings, homes, etc.)

Square Feet
30,000

of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Commercial/retail

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Industrial Way, Ste 105

City, State, Zip Code
Aston, PA 19014

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Dave Turotsky

Telephone No.
610-558-8902

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
9 / 17 / 19

Scheduled Completion Date (11)
11 / 01 / 19

Name of OSHA Monitor
EMSL

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 4 AM- 12 PM

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☒ ≥ 8 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Space 07 B</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Floor tile mastic</u>	<u>6000 sf</u>	<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
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
20

Name of Registered Landfill
GROWS North Landfill

City, State
Trenton, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Jack Bally

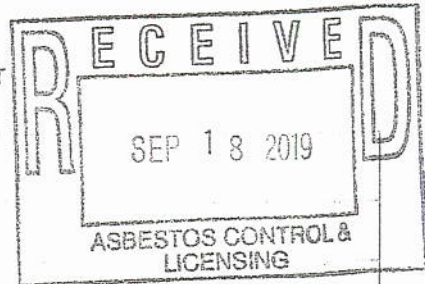
Title
Sr. Project Manager

Signature
Jack Bally

Date
9/12/19

INV# 14002
 CK 3084 PAID

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



Date of Notification (1)
 8 / 27 / 19

Agencies Notified
☒ LPA
☒ DOLWD
☐ DOH
☐ DCA
 (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
 Crest Management Services, Inc

Street Address
 91 Hastings Avenue

City, State, Zip Code
 Rutherford, NJ 07070

Name of Contact
 Karen Travers

Telephone Number
 201-460-7434

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Forest Street Manor

Street Address
 16 Forest Street

City (5)
 Montclair

County (6)
 Essex

County Code (7) (STATE USE ONLY)

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

Square Feet
 6000

of Floors
 4

Bldg. Age
 90

Current Use (Prior if being demolished)
 Occupied

Name of Monitoring Firm Hired by Building Owner (8)
 Sky Environmental Services, Inc

ASCM No.

Name of Abatement Contractor (9)
 Super, LLC

Street Address
 140 Boulevard

City, State, Zip Code
 Mountain Lakes, NJ 07046

Project Manager for Monitoring Firm
 Leonid Shereshevsky

Telephone No.
 973-588-4821

Street Address
 203 Belmont Avenue

City, State, Zip Code
 Haledon, NJ 07508

Telephone No.
 201-336-0477

License No.
 01195

Start Date (10)
 9 / 12 / 19

Scheduled Completion Date (11)
 9 / 20 / 19

Name of OSHA Monitor
 Super, LLC

Occupancy Status During Abatement (Check only one)

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

Street Address
 203 Belmont Avenue

City, State, Zip Code
 Haledon, NJ 07508

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System Insulation	466 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
 SUPER, LLC

City, State
 Haledon, NJ

Completed By (Print or Type)
 Tallor Dominguez

NJDEP Waste Hauler ID No
 0034893

Title
 Project Manager

Cubic Yards of Waste
 TBD

Disposal Date
 TBD

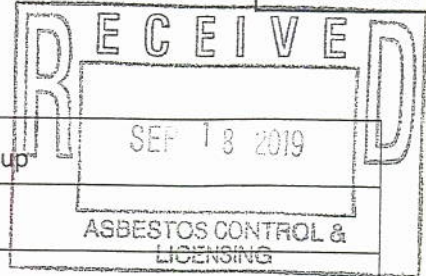
Name of Registered Landfill
 G.R.O.W.S. Waste Management

City, State
 Morrisville, PA

Signature

Date
 8/28/2019

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



Inv# 14523
 CK 25972 PAID

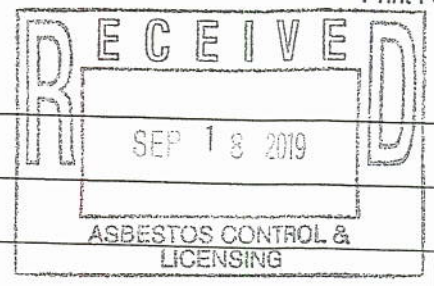
Date of Notification (1) 9/13/2019		Name of Building Owner/Operator (2) Circle Construction Group							
Agencies Notified	Type Notification	Street Address 105 White Oak Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact John Cheng	Telephone Number (732) 482-1800						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage/ Office		Type of Facility (4)							
Street Address 1147 S. Olden Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hamilton, NJ 08610		Square Feet 6,000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Tom Gieger		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 9/30/2019		Scheduled Completion Date (11) 10/15/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<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 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Thermal Boiler Insulation	50 sf	X			
Garage			X	Thermal Pipe Insulation	60 lf	X			
2nd Floor			X	VAT / Mastic	500 sf	X			
Exterior Roof Windows			X	Flashing/ Caulk	1800 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 10/15/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 			Date 9/13/2019			

INV#14383
CK802

PAID

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

Print Form



Date of Notification (1) 09/12/19		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Chris Pagan	Telephone Number [REDACTED]						
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) Newark		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 09/13/2019		Scheduled Completion Date (11) 09/14/2019	License No. 01274						
Name of OSHA Monitor EHW ABATEMENT LLC									
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	60 LF			X	
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 09/12/2019			

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

INV# 13958

CK 804

PAID

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

Print Form

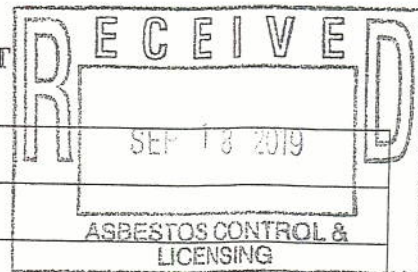
RECEIVED	
SEP 18 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 08/22/2019		Name of Building Owner/Operator (2) La Casa Don Pedro					
Agencies Notified		Type Notification					
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation					
Street Address 317 Roseville Avenue		City, State, Zip Code Newark, NJ, 07107					
Name of Contact Chris Pagan		Telephone Number [REDACTED]					
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE							
Street Address [REDACTED]		Type of Facility (4)					
City (5) Newark		<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.)					
County (6) Essex		Square Feet N/A	# of Floors N/A				
County Code (7) (STATE USE ONLY)		Bldg. Age N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) PRIVATE HOUSE					
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC					
City, State, Zip Code		Street Address 89 FRANKLIN STREET					
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07514					
Telephone No.		Telephone No. 973-333-5144	License No. 01274				
Start Date (10) 08/24/19		Scheduled Completion Date (11) 08/25/19					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPY		Street Address 89 FRANKLIN STREET					
Scope of Work (Check All That Apply)		City, State, Zip Code PATERSON, NJ, 07524					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT		X	PIPE INSULATION	40 LF	X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER			
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY			
Completed by Victor Espiritu		Title Project Manager		Signature [Signature]		Date 08/22/2019	

Inv# 14524
CK 8990

PAID

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



Date of Notification (1): 8/13/19		Name of Building Owner/Operator (2): SUNRISE VILLAGE	
Agencies Notified	Type Notification	Street Address: 215 NORTH ARLINGTON AVE.	
(X) EPA	() Initial	City, State, Zip Code: EAST ORANGE, NJ 07017	
(X) DEP	(X) Amendment	Name of Contact: MR. MOHAMMED	
(X) DOL	() Emergency	Telephone Number: 973-583-8646	
(X) DOH	() Cancellation		
() DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL/APARTMENTS		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 215 NORTH ARLINGTON AVE.			
City & State (5): EAST ORANGE, NJ		Square Feet: NA	# of Floors: 3
County (6): ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, INC.		ASCM No.: NA	Name of Abatement Contractor (9): GUILIANO ENVIRNMENTAL, LLC
Street Address: 71 ARCH STREET		Street Address: PO BOX 1124	
City, State, Zip Code: PATERSON, NJ 07502		City, State, Zip Code: SAYREVILLE, NJ 08871	
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	License No.: 01342
Start Date (10): 8/27/19	Scheduled Completion Date (11): 10/30/19	Name of OSHA Monitor: GUILIANO ENVIRNMENTAL, LLC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: P.O. Box 1124	
		City, State, Zip Code: SAYREVILLE, NJ 08871	

Scope of Work (Check all that apply):

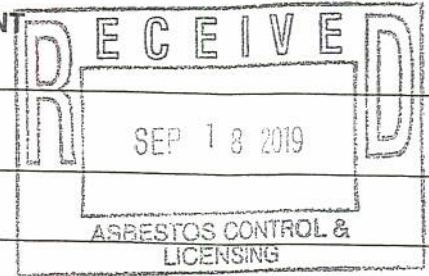
- () ≥ 3 sf or ≥ 3 lf
(X) ≥ 160 sf or ≥ 260 lf
- (X) Renovation
() Demolition
- () Full Containment with Negative Pressure
(X) Mini Enclosure
(X) Glovebag Procedure
() Non-Friable Procedure

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	Encapsulat	Enclosure
Bldg.#247-255 / BASEMENT		X		PIPE INSULATION	1200 LF	X			
Bldg.#247-255 CRAWL SPACE		X		PIPE INSULATION	1500 LF	X			
Bldg.#221-229 / BASEMENT		X		PIPE INSULATION	800 LF	X			
Bldg.#221-229/ CRAWL SPACE		X		PIPE INSULATION	800 LF	X			

Name of Registered Waste Hauler: FREEHOLD CARTING, INC		NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste:	Name of Registered landfill: GRAND CENTRAL LANDFILL
City, State: NEWARK, NJ	Disposal Date: 9/30/19	City, State: PEN ARGLY, PA		
Completed By: Melinda Sobol	Title: Administrative Assistant	Signature: Melinda Sobol	Date: 9/10/19	

INV# 14525
OK 1415 PAID

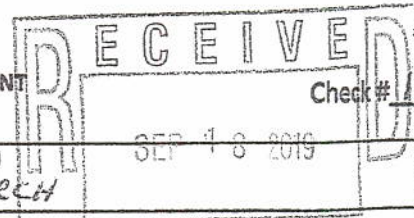
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 09 / 13 / 19		Name of Building Owner/Operator (2) Hartz Mountain Industries, Inc.							
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 P.O. Box 1515							
		City, State, Zip Code Secaucus, NJ 07096							
		Name of Contact Dave Hoehmann	Telephone Number (201) 252-8600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 International Drive		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 1 International Drive		Square Feet 219,924	# of Floors 6						
City (5) Newark		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services, LLC						
Street Address PO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 01349						
Start Date (10) 09 / 23 / 19	Scheduled Completion Date (11) 12 / 31 / 19		Name of OSHA Monitor SAI 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: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Located Throughout Floors 1 to 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/Mastic	108,450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Windows Floors 1 to 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Wall Panel Under Windows	19,062 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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 2.500	Name of Registered Landfill Minerva Landfill					
City, State Yardley, PA		Disposal Date Various		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 		Date 9/13/19			

Inv# 14526
OK 1292 PAID

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



Check # 292

Date of Notification (1) 9/13/19		Name of Building Owner/Operator (2) ST. PHILS CHURCH							
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 488 SADDLE RIVER ROAD City, State, Zip Code SADDLE BROOK, NJ 07663 Name of Contact RAY ABEL Telephone Number 201-206-6832							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ST. PHILS CHURCH		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 488 SADDLE RIVER ROAD		Square Feet 14,000	# of Floors 1						
City (5) SADDLE BROOK		Bldg. Age 82							
County (6) BERGER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH / SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC		ASCM No. 0012	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address 560 SYLVAN AVE SUITE 3065		Street Address 185 Vreeland Ave.							
City, State, Zip Code EMERSON CLIFFS, NJ 07632		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm TONY VALENTINE		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 9/27/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor Omega Environmental Servicer Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606							
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 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
BOILER ROOM			X	ELBOWS	40	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 9/27/19 o.w.		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President	Signature R. McDonald		Date 9/13/19				

B & G proj. #:

2019-221

PAID

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

INV# 14527

Check # 9555

Date of Notification (1) 09/13/19		Name of Building Owner/Operator (2) Michael Tooney		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2019 ASBESTOS CONTROL & RESTORATION </div>
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649		
		Name of Contact Michael Tooney		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Tooney			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Oradell, NJ 07649	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) 09/23/2019		Sched. Completion Date (11) 09/24/2019	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"/> Full Containment w/negative pressure	<input checked="" 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						
main rm, boiler rm, elec closet			X	pipe insulation	15 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/24/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/13/2019

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

PAID

chk #3632

Date of Notification (1) 9 / 13 / 19		Name of Building Owner/Operator (2) E.I. duPont de Nemours		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2019 ASBESTOS CONTROL & INSING </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road		
		City, State, Zip Code Parlin, NJ 08859		
		Name of Contact Nichol Reinhold		
		Telephone Number 732-613-2400		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Admin Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 250 Cheesequake Road		Square Feet	# of Floors
City (5) Parlin		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 10 / 2 / 19	Scheduled Completion Date (11) 10 / 3 / 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: 7:00AM-3:30PM PM-____AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

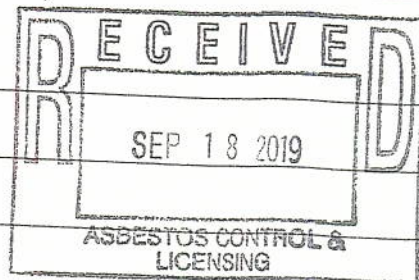
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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 Secured Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	150 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 Bristol Environmental Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill
City, State Bristol, PA	Disposal Date 10/3/19	City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 9-13-19

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



Inv# 14524
OK 022654 PAID

Date of Notification (1) 9/19/2019		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.							
Agencies Notified	Type Notification	Street Address 1020 Kings George Post Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863							
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959						
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.									
Street Address 1020 King George Post Road		Type of Facility (4)							
City (5) Fords		<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.)							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors						
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		Current Use (Prior if being demolished) boiler house piping, processing plant & tanks							
Street Address 190 Park Avenue		Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC							
City, State, Zip Code Morristown, NJ 07960		Street Address 992 Old Eagle School Road, STE 910							
Project Manager for Monitoring Firm David Tomsey		City, State, Zip Code Wayne, PA 19087							
Start Date (10) 2/18/2019	Scheduled Completion Date (11) 10/31/2019	Telephone No. 973-538-1110	License No. 01286						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Stryker Demolition & Environmental Services, LLC							
<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: boiler house		Street Address 992 Old Eagle School Road, STE 910							
Scope of Work (Check All That Apply)		City, State, Zip Code Wayne, PA 19087							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X			
Door Gasket, caulk, counter		X		Other Misc.	530 LF	X			
QA, M1D, E2, E1 Area		X		Pipe Insulation (TSI)	2682 LF	X			
ZAA, Ester 2, PA Tank, E1		X		Surfacing	2563 SF	X			
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998	Cubic Yards of Waste 45	Name of Registered Landfill Cumberland County Landfill					
City, State Northampton, PA		Disposal Date 9/19/2019		City, State Shippensburg, PA					
Completed by Mark Klotzbach		Title Vice President	Signature 		Date 9/12/2019				