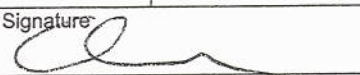


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Phillipe Desplat Private Home		SEP 23 2019	
Agencies Notified		Type Notification		Street Address	
<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		[REDACTED] City, State, Zip Code Holgate NJ 08008 Name of Contact Phil	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Phillipe Desplat Private Home				Type of Facility (4)	
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Holgate NJ 08008				Square Feet 1000+	# of Floors 2
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address				Street Address PO Box 329	
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 10/1/19		Scheduled Completion Date (11) 10/8/19		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior siding			x	Exterior siding	2400 SF
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 10/8/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature 	Date 9/16/19


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

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Kim Decore Private Home		SEP 23 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [REDACTED] City, State, Zip Code Surf City NJ 08008					
Name of Contact Jeff				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kim Decore Private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Surf City NJ 08008				Square Feet 1000+	# of Floors 1				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 9/25/19		Scheduled Completion Date (11) 10/1/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			x	Exterior siding	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 10/4/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 			Date 9/16/19		

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

Check No. 6040

PAID

Date of Notification (1) <div style="text-align: center;">09 / 13 / 19</div>		Name of Building Owner/Operator (2) Jason Ioli		SEP 23 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Mount Laurel, NJ 08054 Name of Contact Jason Ioli							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ioli Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Mount Laurel		Square Feet 1,878		# of Floors 2	Bldg. Age 51				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		License No. 00842					
Start Date (10) 10 / 03 / 19		Scheduled Completion Date (11) 10 / 09 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Lower Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	723 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 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 10/09/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature 		Date 9/13/19			

Inv# 141044

Check No. 37406 PAID State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 16 / 19			Name of Building Owner/Operator (2) Lee Miller						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Point Pleasant, NJ 08742					
Name of Contact Lee Miller				Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1200						
City (5) Point Pleasant			# of Floors 1		Bldg. Age 65				
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 10 / 01 / 19		Scheduled Completion Date (11) 10 / 04 / 19		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	roofing	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ceiling tiles	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey				Disposal Date 10/4/19		City, State Tullytown, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 9/16/19			

09/13/2019 09:28AM 9736381778

PAID
State of New Jersey

PAGE 03/04

SEP 23 2019

Check#3431

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) Holly Spahn-McGrath Street Address [REDACTED] City, State, Zip Code Highland Park, NJ 08904 Name of Contact Gary Toriello		DOL - 10 DAY [REDACTED]					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DDLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City, State, Zip Code Highland Park, NJ 08904 County (8) Middlesex				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age					
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (5) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. License No.					
Project Manager for Monitoring Firm Telephone No.		973-638-1777		01127					
Start Date (10) 09 / 13 / 19		Scheduled Completion Date (11) 09 / 16 / 19		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410					
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		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
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	Enclose
Bedroom		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	36 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"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill I.R.R.F. Inc. City, State Tullytown, PA				
Disposal Date TBD		Signature N. Jevtic		Date 09/13/19					

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

Inv# 14423

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

Check No. 1870

Date of Notification (1) 09/16/2019		Name of Building Owner/Operator (2) Jeff Catanzarita							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Metuchen NJ 08840							
		Name of Contact Jeff Catanzarita	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jeff Catanzarita's Private Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED] Metuchen		Square Feet	# of Floors						
City (5) Metuchen		Bldg. Age							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) MKD PROPERTY MAINTENANCE LLC							
Street Address		Street Address 105 VAN RIPER AVENUE							
City, State, Zip Code		City, State, Zip Code CLIFTON NJ 7011							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 2018999008	License No. 01336						
Start Date (10) 10/12/2019	Scheduled Completion Date (11) 10/28/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	66 LF	x			
Name of Registered Waste Hauler MKD PROPERTY MAINTENANCE LLC		NJDEP Waste Hauler ID No. 0037991	Cubic Yards of Waste N/A	Name of Registered Landfill Waste Management - Fairless Landfill					
City, State CLIFTON NJ 07011			Disposal Date N/A	City, State Morrisville, PA 19067					
Completed by Darko Raloski		Title Project Manager	Signature 			Date 09/16/2019			

PAID

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

Check #2544

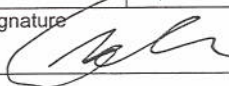
Date of Notification (1) 9/16/2019		Name of Building Owner / Operator (2) Howie Levine	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code Howell NJ	
Name of Contact Howie Levine		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Shed		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	
City (5) Howell		# of Floors 1	
County (6) Monmouth		Bldg. Age 50+	
County Code (7) 07731		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Alpha Environmental, LLC	
City, State & Zip Code		Street Address PO Box 8297	
Project Manager for Monitoring Firm		City, State & Zip Code Trenton, NJ 08650	
Telephone Number		Telephone Number 609-847-2956	
Scheduled Start Date (10) 9/25/2019		License Number 01222	
Scheduled Completion Date (11) 9/25/2019		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code Cinnaminson, NJ 08077	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify SF or LF) Siding 500sf	
Abatement Type Removal Repair Encapsulate Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Exterior	
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	
Cubic Yards of Waste 10		Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date various	
Completed By (Print or Type) Rod Richardson		City, State Morrisville, PA	
Title Project Manager		Signature <i>Rod Richardson</i>	
Date 6/10/2019		Inv#-14630	

Check No. 6041 **PAID** State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) Sean McCusker		SEP 23 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Collingswood, NJ 08108					
		Name of Contact Sean McCusker		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McCusker Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Collingswood				Square Feet 1,892	# of Floors 2				
				Bldg. Age 94					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCN No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 09 / 26 / 19		Scheduled Completion Date (11) 09 / 27 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3-sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 09/27/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 9-17-19			

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

RECEIVED

Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) 26 Parsippany Road, LLC		SEP 23 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" 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		195 Morristown Road	
				City, State, Zip Code Basking Ridge, NJ 07920	
		Name of Contact Dan Lacz		Telephone Number 973-765-0100 x4063	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 26 Parippany Road				Type of Facility (4)	
Street Address 26 Parsippany 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) Whippany				Square Feet 172,000	# of Floors 2
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Bldg. Age 110 years
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Inc.			ASCM No.	Name of Abatement Contractor (9) ELCON Environmental	
Street Address 2002 Renaissance Boulevard, Suite 110			Street Address 150 Glenwood Drive		
City, State, Zip Code King of Prussia, PA 19406			City, State, Zip Code Washington Crossing, PA 18977		
Project Manager for Monitoring Firm Andrew D. Hubley			Telephone No. 610-279-7070	Telephone No. 215-313-7427	License No. 01225
Start Date (10) 10/03/2019		Scheduled Completion Date (11) 01/10/2020		Name of OSHA Monitor same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Attached					
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Andre Gosek		Title Project Manager	Signature 	Date 09/18/2019	

Inv # 141232

PAID

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

Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) Walters Residential							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Barnegat, NJ 08005							
		Name of Contact Victor							
		Telephone Number SEP 23 2019							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Surf City		Square Feet 1600	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 30 / 19	Scheduled Completion Date (11) 10 / 01 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 09/24/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]			Date 9/12/19		

PAID

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

34559

Date of Notification (1)

9 / 19 / 2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-2257

SEP 23 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 880 EXTERIOR

Square Feet

N/A

of Floors

N/A

Bldg. Age

N/A

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

732-594-6352

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

9 / 30 / 19

Sched. Completion Date (11)

12 / 30 / 19

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure (EXTERIOR)

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
PARKING LOT/GREENLANDS AREA			X	TRANSITE PIPE	120 LF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Hauler ID No.

15939

Cubic Yards of Waste

20

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

9/30-10/30/19

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

9/19/19

Inv# 14580

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

Date of Notification (1) 9 / 19 /19			Name of Building Owner/Operator (2) NJIND CORBIN ST LLC		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 2 TOWER CENTER BLVD. , 20TH FLOOR			City, State, Zip Code EAST BRUNSWICK, NEW JERSEY 08816		
Name of Contact MOSHE STERN			Telephone Number 732-509-8931		

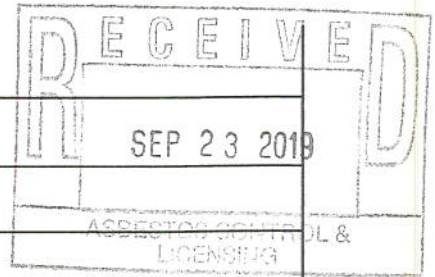
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 1201 CORBIN STREET				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
City (5) ELIZABETH				County (6) UNION	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) GZA				ASCM No. 17	
Street Address 55 LANE ROAD				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code FAIRFIELD, NEW JERSEY 07004				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm BEN SALLEMI		Telephone Number 973-774-3311		Telephone Number 845-369-7500	
Expected State Date (10) 10 / 01 /19		Sched. Completion Date (11) 11 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM - 3:30 PM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR NORTHEAST CORNER			X	WALL TAR	10 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 10/1-11/30/19		City, State PLAINFIELD TOWNSHIP, PA		Date 9/19/19	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature		Date	

Inv# 14571

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



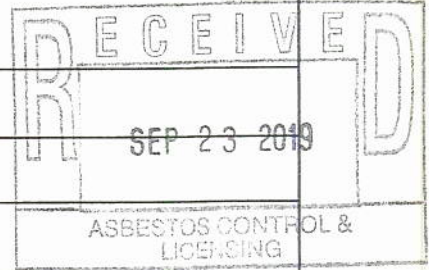
Date of Notification (1) 9 / 11 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #7 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000
			# of Floors 6
			Bldg. Age 87
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	License Number 1101
Expected State Date (10) 6 / 6 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-12 AM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGER FALLS, NY 12590	
Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETE	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9/11/19

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



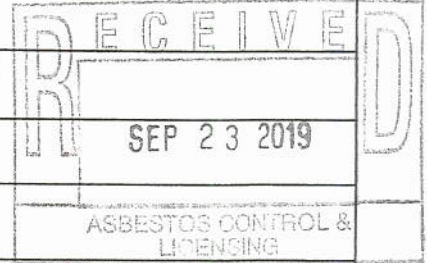
Date of Notification (1) 8 / 12 / 19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact BRIAN O'NEIL Telephone Number 732-751-3384	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500
Expected State Date (10) 6 / 6 / 19		Sched. Completion Date (11) 12 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-12 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETE	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			


Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 8/12/19	

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

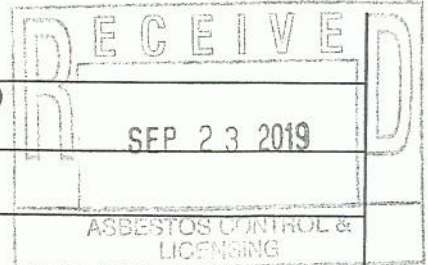


Date of Notification (1) 8 / 2 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500
Expected State Date (10) 6 / 6 /19		Sched. Completion Date (11) 12 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-12 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETE	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS	Signature 	Date 8/1/19			

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



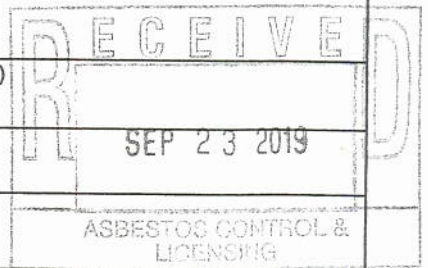
Date of Notification (1) 6 / 14 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH		<div style="border: 1px solid black; padding: 5px;"> RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified		Street Address 30 PROSPECT AVENUE			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA </div> <div> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION </div> </div>		City, State, Zip Code HACKENSACK, NEW JERSEY 07601			
		Name of Contact BRIAN O'NEIL		Telephone Number 732-751-3384	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33				Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 6 / 6 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am-3:30 pm				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGER FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETED	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 8/14/19			

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



Date of Notification (1) 6 / 5 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

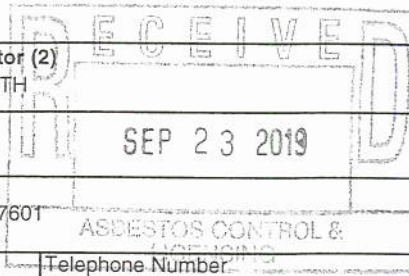
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 87
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER			Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 6 / 6 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am-3:30 pm			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGER FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A ✓			X	VAT & MASTIC ✓	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 6/5/19			

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

Date of Notification (1) 5 / 10 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384



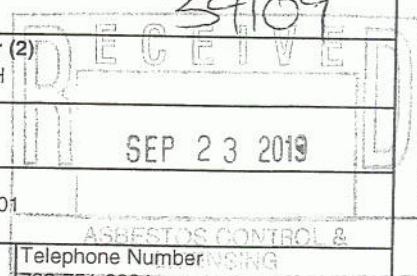
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33				Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE				Bldg. Age 87	
County (6) OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 13 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGER FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Minj-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 5/10/19	

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

34189

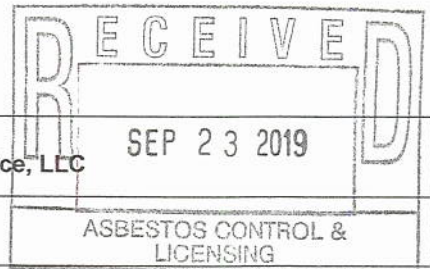


Date of Notification (1) 5 / 2 / 19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact BRIAN O'NEIL Telephone Number 732-751-3384	

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33 City (5) NEPTUNE County (6) OCEAN County Code (7) (STATE USE ONLY)				Square Feet 1,000,000	# of Floors 6	Bldg. Age 87
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC. Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ				ASCM No. 99 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER Telephone Number 732-290-2217				Telephone Number 845-369-7500 License Number 1101		
Expected State Date (10) 5 / 13 / 19 Month Day Year				Sched. Completion Date (11) 12 / 30 / 19 Month Day Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM				Name of OSHA Monitor QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGER FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5/3/19			

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



Date of Notification (1) <u>07</u> / <u>19</u> / <u>19</u>		Name of Building Owner/Operator (2) Aarons Asbestos & Demolition Service, LLC	
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 checked="" type="checkbox"/> Amended Amendment # <u>01</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 801 E 9th St	
		City, State, Zip Code Chester PA 19013	
		Name of Contact Devin Blom	Telephone Number (484)535-1270

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 304 West Route 38		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 304 West Route 38			
City (5) Moorestown		Square Feet	# of Floors 8
		Bldg. Age 1926	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8)		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) <u>07</u> / <u>29</u> / <u>19</u>	Scheduled Completion Date (11) <u>09</u> / <u>30</u> / <u>19</u>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

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

Name of Registered Waste Hauler Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing	
City, State		Disposal Date		City, State	
Completed By (Print or Type) Vernice Graham	Title President	Signature 		Date 9-10-19	

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

RECEIVED

SEP 23 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/17/19 JHV146021		Name of Building Owner/Operator (2) AM & F Construction							
Agencies Notified	Type Notification	Street Address 155 Somerset Avenue	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ, 08701							
		Name of Contact Zaev Silberstein	Telephone Number 718-916-8286						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Lakewood		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 09/27/2019		Scheduled Completion Date (11) 09/30/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	1500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/30/2019		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 09/17/19			

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

RECEIVED

SEP 23 2019

ASBESTOS CONTROL & LICENSING

Ch 60762101112

Inv 4620

Date of Notification (1) 09/13/2019		Name of Building Owner/Operator (2) Joseph Walsh	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Caldwell, NJ 07006	
		Name of Contact Joseph Walsh	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Caldwell	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685
			License No. 01311
Start Date (10) 09/24/2019	Scheduled Completion Date (11) 09/25/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

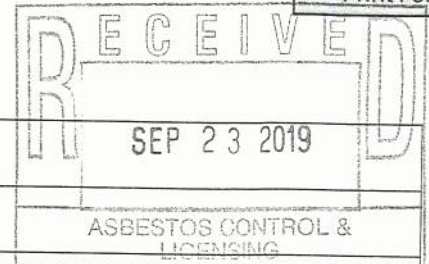
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	70 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 09/13/2019	

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



CK 2004 INV14619

Date of Notification (1) 09/13/2019		Name of Building Owner/Operator (2) Stern Ofer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Stern Ofer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Short Hills		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
Start Date (10) 09/23/2019		Scheduled Completion Date (11) 09/24/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room		X		VAT	50 SF	X			
Garage		X		Duct Insulation	100 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 09/13/2019			

Inv 14618

Check#3436

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

RECEIVED	SEP 23 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09 / 16 / 19		Name of Building Owner/Operator (2) Mary Ellen	
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 Cresskill, NJ 07626	
		Name of Contact Mary Ellen	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Cresskill, NJ 07626		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 09 / 25 / 19	Scheduled Completion Date (11) 09 / 26 / 19	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

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 SIF 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	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 09/16/19	

Inv 14576

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

Check # 2212

Date of Notification (1) September 17, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">SEP 23 2019</div> <div style="margin-top: 10px; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address 76 East Main Street		
<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"/> Cancellation	City, State & Zip Code Ramsey, NJ 07446		
		Name of Contact Tom Ashman		
				Telephone Number 607-624-9548

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 76 East Main Street		Square Feet 9,000	# of Floors 2
City (5) Ramsey		Bldg. Age 110	
County (6) Bergen		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	
Street Address 88 Harbor Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Port Washington, NY 11050		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Michael Baudo		Telephone Number 516-805-2703	License Number 00817
Scheduled Start Date (10) September 27, 2019	Scheduled Completion Date (11) October 29, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

- ☐ Renovation
☐ Demolition

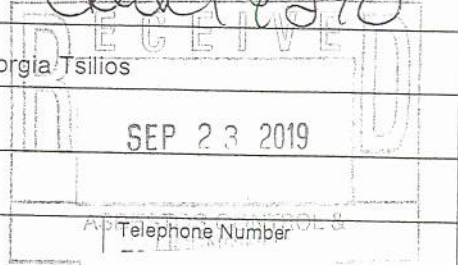
- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teller Line			X	Carpet Mastic	800 SF	X			
Vault; East Unused Area			X	Carpet Mastic	300 SF	X			
North Work Stations			X	Carpet Mastic	900 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 14	Name of Registered Landfill Fairless Hills				
City, State Little Egg Harbor, NJ 08087		Disposal Date October 30, 2019		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator			Signature <i>Diane Aloia</i>	Date September 17, 2019				

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

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

Check 19240



Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios							
Agencies Notified	Type Notification	Street Address 26 Route 206							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stanhope, NJ 07874							
		Name of Contact Phil Sabatino							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Stanhope		Square Feet 2500	# of Floors 2						
County (6) Sussex		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/26/19	Scheduled Completion Date (11) 9/27/19 10/27/19	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing			X			X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/4/19			

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

ADCK

ADCK 19238

SEP 23 2019

ASBESTOS

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios							
Agencies Notified	Type Notification	Street Address 26 Route 206							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stanhope, NJ 07874							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Phil Sabatino	Telephone Number 732-489-4389						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Diner		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 26 Route 206		Square Feet 5000	# of Floors 1						
City (5) Stanhope		Bldg. Age 60							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/18/19	Scheduled Completion Date (11) 9/27/19 10/27/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing			X			X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/4/19			

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

1 no ok

Check 19239

SEP 23 2019

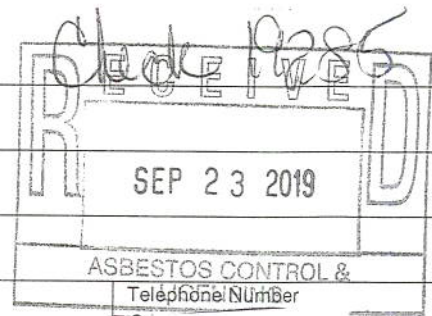
ASBESTOS CONTROL &

Date of Notification (1) 9/4/19		Name of Building Owner/Operator (2) Althanasios & Konstantinos & Georgia Tsilios							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 26 Route 206		City, State, Zip Code Stanhope, NJ 07874							
Name of Contact Phil Sabatino		Telephone Number 732-489-4389							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Auto Parts Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 26 Route 206		Square Feet 3000							
City (5) Stanhope		# of Floors 1							
County (6) Sussex		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 9/23/19		License No. 703							
Scheduled Completion Date (11) 9/27/19 10/27/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing			X			X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Pen. Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature <i>[Signature]</i>		Date 9/4/19			

CK 19085

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

PAID



Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Mary Ann Hay							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garwood, NJ 07027 Name of Contact Mary Ann							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Garwood		Square Feet 1500	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 63						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/30/19	Scheduled Completion Date (11) 10/7/19	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 checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	30 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 9/18/19			

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

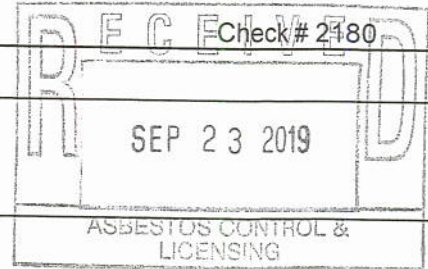
Inv 14534

Check #2180 & 2213

Date of Notification (1) September 17, 2019 September 4, 2019		Name of Building Owner / Operator (2) Bank of America		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSES </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Cancellation	315 Madison Avenue City, State & Zip Code Lakewood, NJ 08701 Name of Contact Tom Ashman							
		Telephone Number 607-624-9548							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4)						
Street Address 315 Madison Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
City (5) Lakewood			Square Feet 10,000	# of Floors 2	Bldg. Age 55				
County (6) Ocean			Current Use (Prior if being demolished) Bank						
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address One Lincoln Center - 110 West Fayette Street, Ste. 300			Street Address 829 Radio Road						
City, State & Zip Code Syracuse, NY 13202			City, State & Zip Code Little Egg Harbor, NJ 08087						
Project Manager for Monitoring Firm Bret Jennings		Telephone Number 570-422-1379	Telephone Number 609-296-6916	License Number 00817					
Scheduled Start Date (10) September 14, 2019	Scheduled Completion Date (11) October 29, 2019		Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Lobby			X	Carpet Mastic	1,500 SF	X			
Name of Registered Waste Hauler Synatech, Inc. City, State Little Egg Harbor, NJ 08087									
NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills						
Disposal Date October 30, 2019		City, State Morrisville, PA							
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date September 17, 2019 September 4, 2019						

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

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



Date of Notification (1) September 4, 2019		Name of Building Owner / Operator (2) Bank of America							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	Street Address 315 Madison Avenue City, State & Zip Code Lakewood, NJ 08701 Name of Contact Tom Ashman							
		Telephone Number 607-624-9548							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 315 Madison Avenue		Square Feet 10,000	# of Floors 2						
City (5) Lakewood		Bldg. Age 55							
County (6) Ocean		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.							
Street Address One Lincoln Center - 110 West Fayette Street, Ste. 300		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code Syracuse, NY 13202		Street Address 829 Radio Road							
Project Manager for Monitoring Firm Bret Jennings		City, State & Zip Code Little Egg Harbor, NJ 08087							
Telephone Number 570-422-1379		Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) September 14, 2019	Scheduled Completion Date (11) October 29, 2019	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lobby, Sales Platform, Office, Teller Line			X	Carpet Mastic	3,000 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 14	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date October 30, 2019		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>				Date September 4, 2019			

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

CK # 4905

INV 14107

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

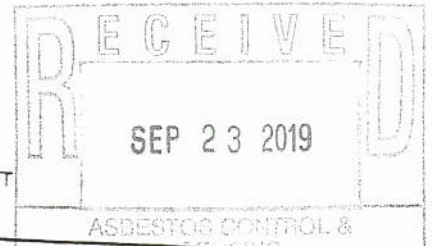
SEP 23 2019

Date of Notification (1) 9-14-19		Name of Building Owner/Operator (2) DEVAUL EXCAVATING & CONTROL &					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 E KATHERINE AVE					
		City, State, Zip Code SEAVILLE N.J 08230					
		Name of Contact CHUCK	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) OCEAN CITY	County Code (7) (STATE USE ONLY) 08201	Square Feet 1500	# of Floors 2				
County (6) CAPE MAY		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) VACANT					
Street Address _____		Name of Abatement Contractor (9) KLEWCO INC					
City, State, Zip Code _____		Street Address 369 S SPRUCE AVE					
Project Manager for Monitoring Firm _____		City, State, Zip Code MAPLE SHADE N.J 08052					
Telephone No. _____		Telephone No. 856-779-0472	License No. # 01371				
Start Date (10) 9-24-19	Scheduled Completion Date (11) 10-4-19	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft		City, State, Zip Code _____					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 1	Name of Registered Landfill C&M C&M VA			
City, State MAPLE SHADE N.J		Disposal Date _____	City, State WOODBINE N.J				
Completed By MICHAEL KLEWCO		Title PRES	Signature [Signature]		Date 9-14-19		

CKF 4905

JN14H016

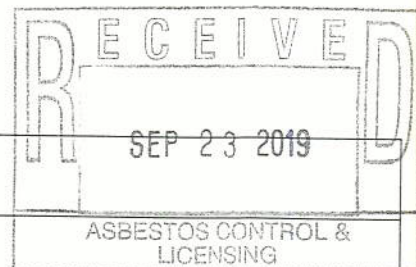
PAID

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

Date of Notification (1) <u>9-14-19</u>		Name of Building Owner/Operator (2) <u>JEN HALL</u>					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>[REDACTED]</u>					
		City, State, Zip Code	<u>OCEAN CITY N.J.</u>				
		Name of Contact	<u>JEN</u>				
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)					
Street Address <u>[REDACTED]</u>		<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) <u>OCEAN CITY</u>	County (6) <u>CAPE MAY</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>				
County Code (7) (STATE USE ONLY) <u>08224</u>		Bldg. Age <u>50+</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
ASCM No.		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>				
Start Date (10) <u>9-24-19</u>	Scheduled Completion Date (11) <u>10-4-19</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one)		Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	Yes No N/A <u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C.M. C.M. VA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>V.</u>		Title <u>DOCS</u>	Signature <u>[Signature]</u>		Date <u>9-14-19</u>		

Inv 14612
CK 37448

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

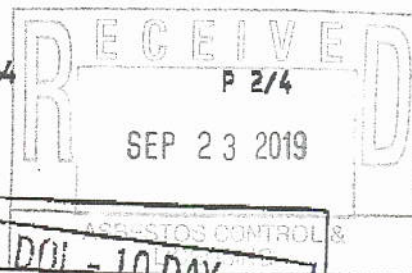


Date of Notification (1) 09 / 20 / 19		Name of Building Owner/Operator (2) ANGELLO CONSTRUCTION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 54 LONGSTREET AVENUE City, State, Zip Code BRIELLE, NEW JERSEY 08730 Name of Contact FRANK ANGELLO Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000							
City (5) MANASQUAN		# of Floors 1	Bldg. Age 80						
County (6)		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932							
Start Date (10) 09 / 20 / 19		Scheduled Completion Date (11) 09 / 20 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor E.M.S.L. Analytical							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 09/20/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 9-20-19			

2019-09-20 14:14

Shade Environmental 1 >> 609 633 0664

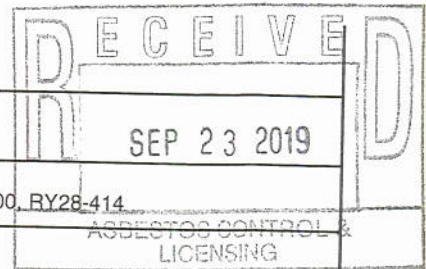
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 09 / 20 / 19		Name of Building Owner/Operator (2) Regina Haas							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [Redacted] City, State, Zip Code Willingboro, NJ 08048 Name of Contact Regina Haas Telephone Number [Redacted]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Haas Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [Redacted]		Square Feet 2,243	# of Floors 2						
City (5) Willingboro		Bldg. Age 68							
County (6) Burlington		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08815		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-285-4070	License No. 00842						
Start Date (10) 09 / 21 / 19	Scheduled Completion Date (11) 09 / 24 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving 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
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room and Entry Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	176 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 09/24/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature [Signature]		Date 9/20/19			

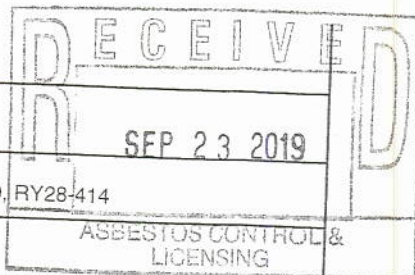
* Do not use this form for asbestos abatement exempted activities.

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



Date of Notification (1) 9 / 17 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /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: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
BASEMENT-SOUTHWEST CORNER	X	PIPE INSULATION & PIPE FITTINGS	1,180 LF
ADDITION TO SCOPE:			
1st FLOOR NORTH WEST CORNER	X	PIPE INSULATION	210 LF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40
Disposal Date 07/25-12/01/2019		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9-17-19

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



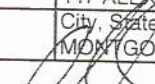
Date of Notification (1) 8 / 12 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.																				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION																				
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065																				
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257																				
FACILITY INFORMATION																						
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)																				
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5																			
City (5) RAHWAY	County (6) UNION	Bldg. Age 82																				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI																				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION																			
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD																				
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901																				
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101																			
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /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: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480																				
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th> <th colspan="3">Is Location normally used solely by Maint/Custodial Staff (12)</th> <th rowspan="2">Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>REMOVAL</th> <th>REPAIR</th> <th>ENCAPSUL</th> <th>ENCLOSUR</th> </tr> </table>		Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				Yes	No	N/A	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR				
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)			Abatement Type														
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR													
BASEMENT-SOUTHWEST CORNER				X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X															
ADDITION TO SCOPE:																						
2ND FLOOR NORTH WEST CORNER				X	PIPE INSULATION	210 LF	X															
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752																		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 8/12/19																		

RECEIVED
SEP 23 2019
RY28-414
ASBESTOS CONTROL & LICENSING
Phone Number

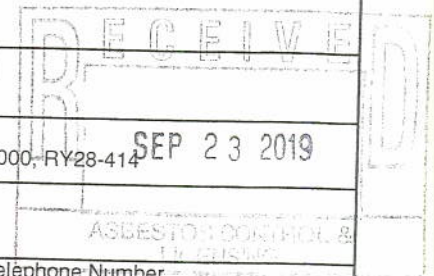
Date of Notification (1) 8 / 1 / 2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257	

Facility Information			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	
Expected State Date (10) 7 / 25 / 19		Sched. Completion Date (11) 12 / 1 / 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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		City, State, Zip Code NEW YORK, NEW YORK 10901	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
2ND FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 07/25-12/01/2019		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/19

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



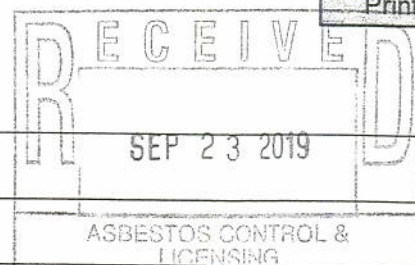
Date of Notification (1) 7 / 16 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

Facility Information			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		County (6) UNION	Bldg. Age 82
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /19	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 07/25-12/01/2019		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Date 7/16/19	

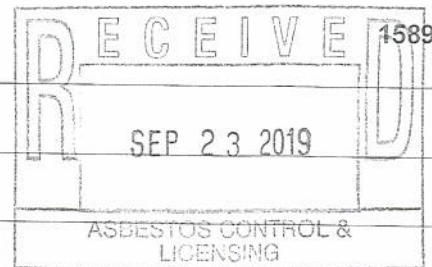
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Vince Hill Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carneys Point NJ 08069							
		Name of Contact Vince	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vince Hill Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Carneys Point NJ 08069		Bldg. Age 50+							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/3/19	Scheduled Completion Date (11) 10/9/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 Soely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			x	vermiculite	50 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/9/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/18/19			

CK 1589 Inv 14009

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



Date of Notification (1) September 17, 2019		Name of Building Owner/Operator (2) Vertellus Specialties, Inc.	
Agencies Notified	Type Notification	Street Address 35 Avenue A	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002	
		Name of Contact Guy Miller	Telephone Number (570) 369-6937

Name of Facility Where Abatement is Taking Place (3) Vertellus Specialties, Inc.		Type of Facility (4)	
Street Address 35 Avenue A		<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) Bayonne, NJ		Square Feet	# of Floors
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Plant	

Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Carmello Altomonte	Telephone No. 201-864-6583	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 08/12/2019	Scheduled Completion Date (11) 12/31/2019		Name of OSHA Monitor The MACK Group, LLC.

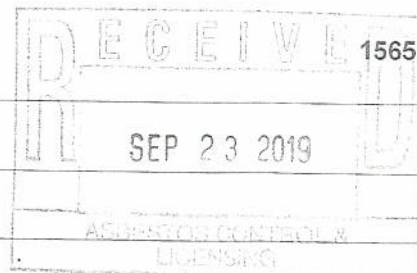
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input checked="" type="checkbox"/>			Pipe Insulation	1857 l/f	<input checked="" type="checkbox"/>			
Bld 8 2nd floor	<input checked="" type="checkbox"/>			Tank Insulation	90 s/f	<input checked="" type="checkbox"/>			
Bld 8 Ground Floor	<input checked="" type="checkbox"/>			Tank Insulation	70 s/f	<input checked="" type="checkbox"/>			
Tank	<input checked="" type="checkbox"/>			Tank Insulation	500 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting / Spartan		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 25.2	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Newark, NJ / Donora, PA		Disposal Date 12/31/2019		City, State Waynesburg, OH	
Completed by Mike Cooper		Title President	Signature 	Date 9/17/19	

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



Date of Notification (1) July 25, 2019		Name of Building Owner/Operator (2) Vertellus Specialties, Inc.						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	35 Avenue A City, State, Zip Code Bayonne, NJ 07002 Name of Contact Guy Miller						
		Telephone Number (570) 369-6937						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Vertellus Specialties, Inc.		Type of Facility (4)						
Street Address 35 Avenue A		<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) Bayonne, NJ		Square Feet	# of Floors					
County (6) Hudson		Bldg. Age						
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) Plant						
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Carmello Altomonte		Telephone No. 201-864-6583	License No. 00781					
Start Date (10) 08/12/2019	Scheduled Completion Date (11) 10/31/2019		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209						
<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 Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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
Exterior	<input checked="" type="checkbox"/>			Pipe Insulation	1857 lf	<input checked="" type="checkbox"/>		
Bld 8 2nd floor	<input checked="" type="checkbox"/>			Tank Insulation	90 s/f	<input checked="" type="checkbox"/>		
Bld 8 Ground Floor	<input checked="" type="checkbox"/>			Tank Insulation	70 s/f	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Newark Carting / Spartan		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20.2	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Newark, NJ / Donora, PA		Disposal Date 10/31/2019		City, State Waynesburg, OH				
Completed by Mike Cooper		Title President	Signature 	Date 07/25/19				

INV14607
CK5259

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

RECEIVED
CK5259
SEP 23 2019

Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) MR JACK MILLER				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code FAIRLAWN, NJ. 07410	ASBESTOS CONTROL & LICENSING			
		Name of Contact MR MILLER	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR MILLER		Type of Facility (4) <input 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 [REDACTED]						
City (5) FAIRLAWN	Square Feet 1800	# of Floors 2	Bldg. Age 65 YEARS			
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 10/1/19	Scheduled Completion Date (11) 10/2/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM to 5:00 PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 CTS	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 10/2/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 9/20/19			

Inv 14606
MD21093981238

Proj. #: 19-198

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

PAYED

RECEIVED
SEP 23 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/9/12 10/11/19		Name of Building Owner/Operator (2) Sofia Lafauci	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Tracy Zawacki	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Raritan, NJ 08869			# of Floors 03		
County (6) Somerset			Bldg. Age 90		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address [REDACTED]			Street Address 309 W. End Ave		
City, State, Zip Code [REDACTED]			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 833-455-6629		
Phone Number [REDACTED]			License Number 02007		
Start Date (10) 10/03/19			Name of OSHA Monitor KLOMAX, LLC		
Sched. Completion Date (11) 10/07/19			Street Address 309 W. End Ave		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Hopatcong, NJ 07843		

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	85 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature [Signature]	Date 09/20/19

PAID

SEP 23 2019

Check No. 3685

PAID

Inv# 14650

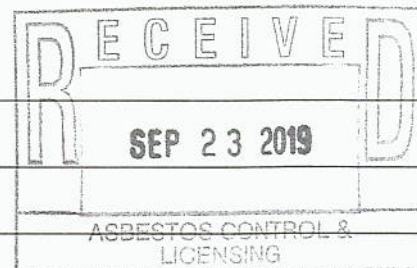
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

09-16-2019 **Inv 141037**

RECEIVED
SEP 23 2019
ASBESTOS CONTROL & LICENSING

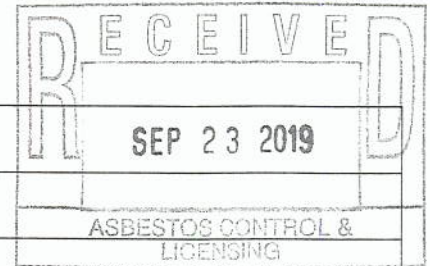
Date of Notification (1) 09-16-2019		Name of Building Owner/Operator (2) Rebekah Samuel							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange NJ 07079							
		Name of Contact Rebekah Samuel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) South Orange NJ 07079		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling						
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 09-25-2019		Scheduled Completion Date (11) 10-25-2019	License No. 01266						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Amax Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	40 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 10-30-2109		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature		Date 09-16-2019			

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



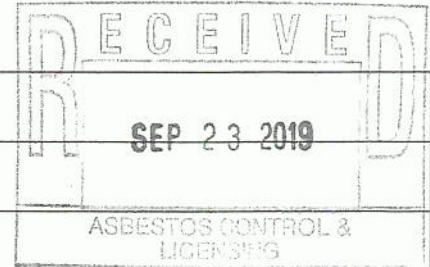
Date of Notification (1) 09/17/2019 <i>Inv 14500</i>		Name of Building Owner/Operator (2) Springtop Condominium Association							
Agencies Notified	Type Notification	Street Address 445 Morris Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081							
		Name of Contact Denise Becker	Telephone Number 973-202-0037						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Building B		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 445 Morris Avenue		Square Feet N/A	# of Floors N/A						
City (5) Springfield		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Building B							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 09/18/2019	Scheduled Completion Date (11) 09/19/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Building B Room 8 (Boiler Room)		X		Loose Debris on Floor	600 SF	X			
				Emergency Clean Up					
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 09/17/2019		

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



Date of Notification (1) 09/17/2019		Name of Building Owner/Operator (2) Christ Church		RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSING					
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 type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 66 Highland Avenue		City, State, Zip Code Short Hills, NJ 07078		Name of Contact James Johnoson					
				Telephone Number 201-341-2983					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church			Type of Facility (4)						
Street Address 66 Highland Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Short Hills			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 09/27/2019		Scheduled Completion Date (11) 09/28/2019		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Boiler Room		X		Duct Insulation	800 SF			X	
Boiler Room		X		Pipe Insulation	200 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Ned Jokimovic		Title Project Manager		Signature 		Date 09/17/2019			

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



Date of Notification (1) 09/16/19		Name of Building Owner/Operator (2) Mark Saco	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Mark Saco	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Fair Lawn		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc
Street Address		Street Address 205 Route 46 Suite 14	
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 832 4244	License No. 01379
Start Date (10) 09/27/19	Scheduled Completion Date (11) 10/04/19	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

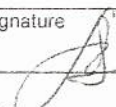
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	180LF	x		x	

Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>		Date 09/16/19

CH 2152

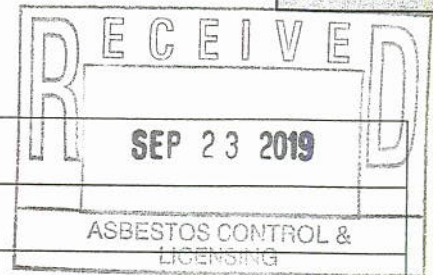
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

RECEIVED
SEP 23 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09-06-19		Inv 14257		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover NJ 07936 Name of Contact Jhon Caravella Telephone Number (973) 884-4900	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Straight & Narrow				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 410 Straight St.				Square Feet	
City (5) Paterson				# of Floors	
County (6) Passaic				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 522 7th St.			
City, State, Zip Code		City, State, Zip Code Union City NJ 07087			
Project Manager for Monitoring Firm		Telephone No.		License No.	
Start Date (10) 09-09-19		Scheduled Completion Date (11) 09-30-19		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 522 7th St.	
				City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input 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)
	Yes	No	N/A		
Entire Property		x		Demolition Asbestos Debris	x
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 200	
City, State E. Hanover, NJ 07936		Disposal Date 02-28-19		Name of Registered Landfill IESI	
Completed by Jaime Delgado		Title Proj. Manager.		Signature 	
				Date 09-06-19	

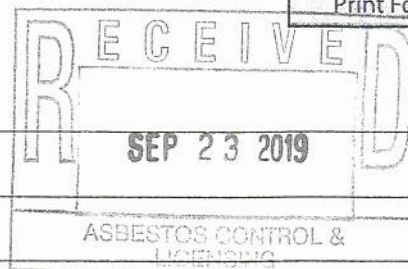
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



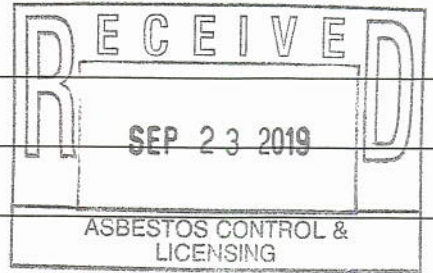
Date of Notification (1) 9/20/19 Inv 14631		Name of Building Owner/Operator (2) Marlene Sadon Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp. NJ 08008							
		Name of Contact Brian	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marlene Sadon Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Twp. NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/30/19	Scheduled Completion Date (11) 10/11/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000sf	x			
Den Area			x	Floor Tile	200 SF				
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/11/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/20/19			

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



Date of Notification (1) 09-15-19		Name of Building Owner/Operator (2) Brenda Mirly							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960 Name of Contact Brenda Mirly	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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) Morristown		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 1119 East Grand St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07201							
Telephone No.		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 09-25-19	Scheduled Completion Date (11) 09-27-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand ST.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am- 5:00pm		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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		Duct Insulation	160 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 09-30-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature			Date 09-15-19		

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



MO 26034452887
 Inv 14626

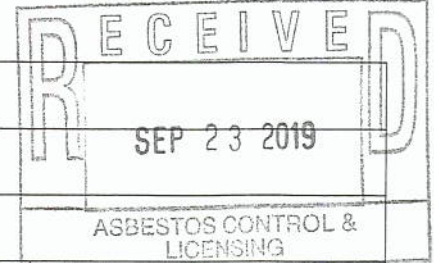
Date of Notification (1) 09/16/2019		Name of Building Owner/Operator (2) Buckeye Industries							
Agencies Notified	Type Notification	Street Address 577 Smith Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy							
		Name of Contact Luis Amegual	Telephone Number 201-456-5726						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye		Type of Facility (4)							
Street Address 577 Smith Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Perth Amboy		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) L.E.M. Construction						
Street Address		Street Address 440 Lincoln Ave.							
City, State, Zip Code		City, State, Zip Code Cliffside Park							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 09/27/19		Scheduled Completion Date (11) 10/27/2019	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"/> 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 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
Facility Grounds		X		Pipe Insulation	50LF	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 Amegual		Title Owner	Signature 			Date 09/16/2019			

Check # 3484

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

INV14025

PAID



Date of Notification (1) 9/13/2019		Name of Building Owner/Operator (2) Archdiocese of Newark	
Agencies Notified	Type Notification	Street Address 171 Clifton Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, New Jersey 07104	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Nassar Shabo	Telephone Number (973) 497-4362

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. John the Evangelist School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 260 Harrison Street		Square Feet 47,648	# of Floors 2
City (5) Leonia		Bldg. Age 79	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 9/23/2019	Scheduled Completion Date (11) 9/30/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

Scope of Work (Check All That Apply)

<input 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 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
Boiler Room Crawlspace		X		ACM Pipe Insulation	10 LF	X			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Ljiljana Sekularac	Title Office Assistant	Signature 		Date 9/13/2019	

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

RECEIVED

SEP 23 2019


ASBESTOS CONTROL &
LICENSING

CK-7586 Inv 14624

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Gary & Margaret Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008	
		Name of Contact Gary	Telephone Number

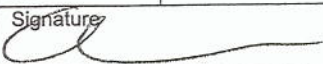
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gary & Margaret Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Surf City NJ 08008	Square Feet 1000+	# of Floors 1	Bldg. Age
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/27/19	Scheduled Completion Date (11) 10/4/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			X	Exterior siding	1200 SF	X			

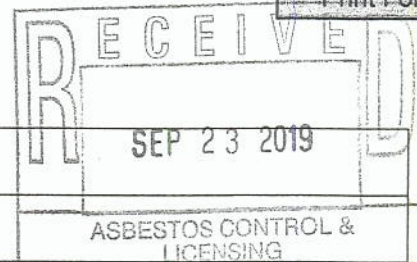
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 10/4/19	City, State Morrisville PA 19067		
Completed by Anthony T Perna		Title President	Signature 		Date 9/16/19

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

RECEIVED	SEP 23 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Ronni & Jim Schevering Private Home							
Agencies Notified	Type Notification	Street Address							
<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	<input type="checkbox"/> [Redacted] City, State, Zip Code Manahawkin NJ 08050 Name of Contact Ronni							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ronni & Jim Schevering Private Home		Type of Facility (4)							
Street Address [Redacted]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 9/26/19		Scheduled Completion Date (11) 10/4/19							
Name of OSHA Monitor Same		Street Address							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			x	Exterior siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/4/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/16/19		

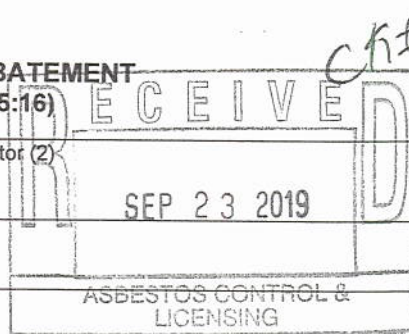
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Mark Lagikus Private Home							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008 Name of Contact Mark							
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mark Lagikus Private 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) Ship Bottom NJ 08008		Square Feet 1000+	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/26/19	Scheduled Completion Date (11) 10/4/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			x	Exterior siding	1500SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/4/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/16/19		

Inv 14370

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



Date of Notification (1) 09 / 11 / 19		Name of Building Owner/Operator (2) Mario Partee							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Sicklerville, NJ							
		Name of Contact Mr. Mario Partee	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Sicklerville NJ		Square Feet	# of Floors 3						
		Bldg. Age 1946							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8)		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. 609-561-1901	License No. 01158						
Start Date (10) 09 / 12 / 19	Scheduled Completion Date (11) 09 / 15 / 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"/> >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
First Floor, Hallway, Laundry Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	650SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing					
City, State		Disposal Date		City, State					
Completed By (Print or Type) Vernice Graham	Title President	Signature 				Date 9-12-19			

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

INV14597

Check # 2218

Date of Notification (1) September 20, 2019		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Cancellation	Street Address 1100 Route 35	
		City, State & Zip Code Ocean Township, NJ 07712	
		Name of Contact Tom Ashman	Telephone Number 607-624-9548

RECEIVED
SEP 23 2019
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 1100 Route 35		Square Feet 10,000	# of Floors 2
City (5) Ocean		Bldg. Age 55	
County (6) Monmouth	County Code (7) USE ONLY	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address One Lincoln Center - 110 West Fayette Street, Ste. 300		Street Address 829 Radio Road	
City, State & Zip Code Syracuse, NY 13202		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Bret Jennings	Telephone Number 570-422-1379	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 4, 2019	Scheduled Completion Date (11) November 14, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vault			X	Carpet Mastic	90 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087		Disposal Date November 15, 2019	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date September 20, 2019

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

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

Inv 14661

021

Date of Notification 9/20/19		Name of Building Owner / Operator (2) CP CEI Englewood MM LLC	
Agencies Notified	Type of Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSING </div>
<input checked="" type="checkbox"/> EPA	Emergency Notification	49 Route 202	
<input checked="" type="checkbox"/> DEP	Initial Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amended Notification	Far Hills, NJ 07931	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Craig Verhasselt	973-885-0493

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 40 Bennett Road			Square Feet 12,000	# of Floors 1	Bldg. Age 70+
City (5) Englewood	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 9/27/19		Scheduled Completion Date (11) 10/27/19		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure
Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag w/tents
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable

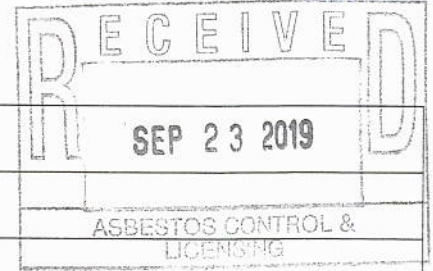
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Throughout first floor	N/A	TSI Pipe	1,700 LF	Removal
First floor Electric Room	N/A	VAT/mastic	100 SF	Removal
Roof	N/A	Transite circuit boards	10 SF	Removal
Interior of walls	N/A	Duct flashing	200 SF	Removal
	N/A	Wall mastic	7,000 SF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 40	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 10/27/19		City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali		Title Manager		Signature <i>Dominick Tringali</i>	
				Date 9/13/19	

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

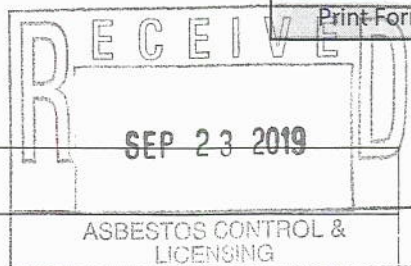
Date of Notification 9/13/19		Name of Building Owner / Operator (2) CP CEI Englewood MM LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification	Street Address	
	<input checked="" type="checkbox"/> Emergency Notification	49 Route 202	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code	
	<input type="checkbox"/> Amended Notification	Far Hills, NJ 07931	
<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number	
	Craig Verhasselt	973-885-0493	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4)	
Street Address		School (K-12)	
40 Bennett Road		Subchapter 8 (Other than K-12)	
City (5) Englewood		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
County (6) Bergen	County Code (7)	Square Feet 12,000	# of Floors 1
		Bldg. Age 70+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		Current Use (Prior if being demolished) Commercial	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07716		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	City, State & Zip Code Monroe Township, NJ 08831	
Scheduled Start Date (10) 9/27/19	Scheduled Completion Date (11) 10/27/19	Telephone Number 732-605-9062	License Number 00714
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Name of OSHA Monitor Global Abatement Services, LLC	
Abatement Performed Outside of Normal Facility Hours - Describe:		Street Address 443 Schoolhouse Road	
Other - Describe:		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag w/tents	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Throughout first floor	N/A	TSI Pipe	1,700 LF
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 10/27/19	City, State Newburg, PA
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature Dominick Tringali	Date 9/13/19

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



Date of Notification (1) 09/17/19		Name of Building Owner/Operator (2) Five Star		RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2 Coles Way			
		City, State, Zip Code Lakewood, NJ, 08701							
		Name of Contact Five Star		Telephone Number 917-318-0184					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 41-43 Congress Street				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 41-43 Congress Street									
City (5) Lakewood				Square Feet	# of Floors				
				Bldg. Age					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address				Street Address 6 WHITE DOVE COURT					
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 09/19/2019		Scheduled Completion Date (11) 09/22/2019		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT					
				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	7000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 15	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 09/22/2019	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 09/17/19			

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



Date of Notification (1) 09/18/19 <i>Inv 14657</i>		Name of Building Owner/Operator (2) Timster Trucking Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Bartlett Avenue City, State, Zip Code West Creek, NJ, 08092 Name of Contact Timster Trucking Inc.							
		Telephone Number 609-294-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 416 Nelson Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 416 Nelson Avenue		<input type="checkbox"/> Square Feet <input type="checkbox"/> # of Floors <input type="checkbox"/> Bldg. Age							
City (5) Beach Haven		County Code (7) 08008 (SPACE USE ONLY) _____							
County (6) Ocean		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/02/2019	Scheduled Completion Date (11) 10/05/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	2000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 17	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 10/05/2019	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 09/18/19			

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

Check # 25974

Inv14497

Date of Notification (1) 9/17/2019		Name of Building Owner/Operator (2) Parrington							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 23 2019 ASBESTOS CONTROL & </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hopewell, NJ 08525							
		Name of Contact Ali Parrington							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hopewell, NJ 08525		Square Feet 2500	# of Floors 2						
County (6) Mercer		Bldg. Age 150 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493						
Start Date (10) 9/18/2019	Scheduled Completion Date (11) 9/19/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement/Crawlspace			X	Thermal Pipe Insulation	90 lf	X			
Basement				Thermal Duct Insulation	1 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 9/19/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 9/17/2019		

Inv14655

PAID

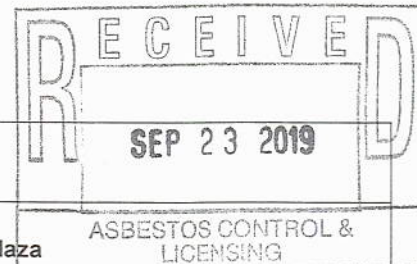
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHK # 1141

Date of Notification (1) 9/16/2019		Name of Building Owner/Operator (2) Paul Ricciardi							
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 Wharton, NJ 07885							
		Name of Contact Paul Ricciardi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wharton	Square Feet 1,743	# of Floors 2	Bldg. Age 1950						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 09/26/2019	Scheduled Completion Date (11) 10/03/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl. Front Porch			X	Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 09/16/2019			

Check #
Inv 146539403

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

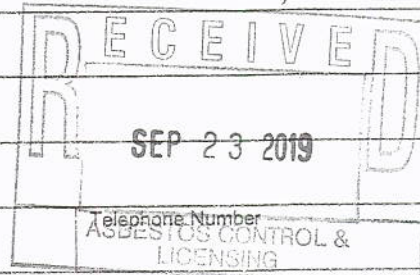


Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) County of Union	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Administration Building-Elizabethtown Plaza City, State, Zip Code Elizabeth, NJ 07207 Name of Contact Owers Agent - Ryan Jones, C.M. Telephone Number 609-276-7382	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse (Tower 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 2 Broad Street		Square Feet 55,000	
City (5) Elizabeth		# of Floors 14	Bldg. Age 80 + yrs.
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 7 Pleasant Hill Road		Street Address 494 East 41st Street	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-345-0022
License No. 00507		Name of OSHA Monitor Same as above	
Start Date (10) 09 / 27 / 19	Scheduled Completion Date (11) 10 / 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: AM-6:00PM/ PM-2:00AM	
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	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Tower Elevator Shafts 4 and 5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Insulation
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 5
City, State Paterson, NJ		Disposal Date Various	Name of Registered Landfill G.R.O.W.S., North W/M of PA
City, State Morrisville, PA		Completed By (Print or Type) James Unger	
Title Sr. Estimator/Project Mgr.		Signature 	Date 9-17-19

PAID

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

CK# 2764



Date of Notification (1) 9/17/19 <i>Inv14652</i>		Name of Building Owner/Operator (2) Nahir Ramirez	
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 Passaic, NJ 07055	
		Name of Contact	Telephone Number ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	# of Floors 2
City (5) Passaic		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026
		License No. 01255	
Start Date (10) 9/26/19	Scheduled Completion Date (11) 9/30/19	Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

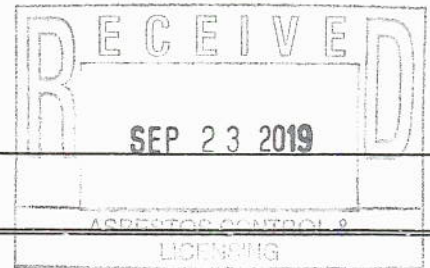
Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
Basement			x	Linoleum	300 SF	<			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Stevan Lazarevich		Title President	Signature <i>Stevan Lazarevich</i>		Date 9/17/19

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

Proj. #: 19-184



Date of Notification (1) 10/19/19		Name of Building Owner/Operator (2) Ken Dupuis	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #: 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code No. Plainfield, NJ 07062	
Name of Contact Ken Dupuis		Telephone Number	

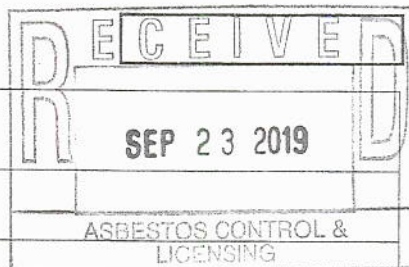
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,400 SF		
City (5) No. Plainfield, NJ 07062			County (6) Somerset		# of Floors 02
County Code (7) (State use only)			Bldg. Age 75		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm			Telephone Number 833-455-6629		License Number 02007
Start Date (10) 09/18/19			Sched. Completion Date (11) 10/18/19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor KLOMAX, LLC		
			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Exterior		X		Siding Shingles	1,150 SF	X			
Registered Waste Hauler KLOMAX, LLC				NJDEP Hauler ID# 0038241	Cubic Yards of Waste 5 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY			
City, State Hopatcong, NJ 07843				Disposal Date TBD		City, State TULLYTOWN, PA			
Completed by (Print or Type) Paige Boylan				Title Owner		Signature [Signature]		Date 09/16/19	

Check#3432

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



Date of Notification (1)

09 / 13 / 19

Name of Building Owner/Operator (2)

Yvonne Dunham

Street Address

City, State, Zip Code

Rockaway, NJ 07866

Name of Contact

Yvonne Dunham

Telephone Number

Agencies Notified

- ☐ EPA
☒ DOLWD
☒ DHSS
☐ 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)

Private house

Street Address

City (5)

Rockaway, NJ 07866

County (6)

Morris

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

09 / 24 / 19

Scheduled Completion Date (11)

09 / 25 / 19

Name of OSHA Monitor

Envirovision Consultants, Inc

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

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

- ☒ Renovation
☐ Demolition

- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

09/13/19

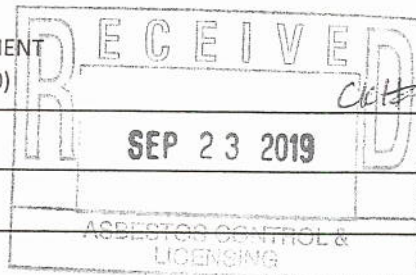
ASB-41

MAY 11

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

PAID

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



CK1451 Inv 14647

Date of Notification (1) 9/16/19		Name of Building Owner/Operator (2) Engel Gardens	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 415 North Broad Street		City, State, Zip Code Elizabeth, NJ 07208	
Name of Contact Samuel Engel		Telephone Number 732-750-3200	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Elizabeth		Square Feet 7,125	# of Floors 3
County (6) Union		Bldg. Age 1860	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 09/25/19	Scheduled Completion Date (11) 10/02/2019	Name of OSHA Monitor Envirovision Consultants, Inc.	

Occupancy Status During Abatement (Check Only One)

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

Street Address
20-21 Wagaraw Rd., Bldg. 35-E
 City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

- ☐ Renovation
☒ Demolition

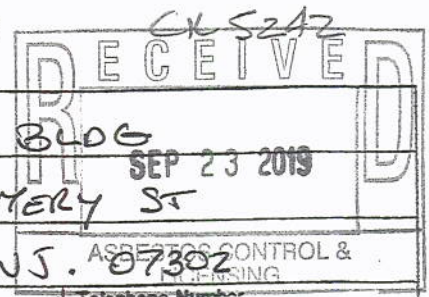
- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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
Roof			X	Roof felts	2,375 SF	X			
1st Fl Kitchen Area		X		Linoleum	500 SF	X			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30+ CU YD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, New Jersey	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 9/16/19

Inv 14415
Ch 5242

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

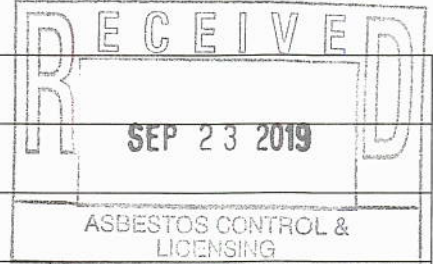


Date of Notification (1) 9/17/19		Name of Building Owner/Operator (2) PAULUS HOOK BLDG				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 MONTGOMERY ST City, State, Zip Code JERSEY CITY, NJ. 07302				
		Name of Contact MR. GASTON				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) PAULUS HOOK BLDG		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 100 MONTGOMERY ST		Square Feet 212250				
City (5) JERSEY CITY		# of Floors 23	Bldg. Age 1973			
County (6) HUDSON		County Code (7) (STATE USE ONLY) 3006				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 10/3/19	Scheduled Completion Date (11) 10/4/19	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code S. Hackensack, N.J. 07606				
		<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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASMENT/BOILER ROOM		✓ THERMAL SYSTEM INSULATION	5LF	X		
BASMENT MACH ROOM/SUPPLY		✓ THERMAL SYSTEM INSULATION	12 LF	X		
BASMENT STAIR		✓ THERMAL SYSTEM INSULATION	5LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 4.2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 10/1/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>	Date 9/17/19			

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

Check No. **6159**

Inv 14643



Date of Notification (1) September 16, 2019		Name of Building Owner/Operator (2) Richard Zozula	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hewitt, NJ 07421	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED] Street Address [REDACTED] City (5) East Rutherford		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) 07073	Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Building Owner (8) The Saban Engineering Group, Inc.	ASC No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co. Inc.
Street Address 201 Stuyvesant Avenue	Street Address 223 Randolph Avenue	
City, State, Zip Code Lyndhurst, NJ 07071-1704	City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Stephen Pharai	Telephone No. 212-372-0338	License No. 00120

Start Date (10) October 07, 2019	Scheduled Completion Date (11) October 31, 2019	Name of OSHA Monitor The Saban Engineering Group, 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 201 Stuyvesant Avenue City, State, Zip Code Lyndhurst, NJ 07071-1704

Scope of Work (Check all that apply)

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

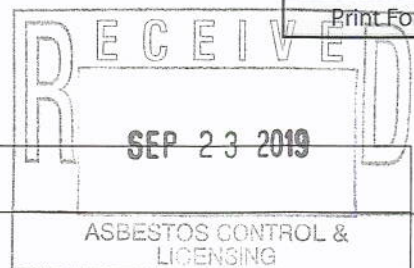
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	Thermal Systems Insulation	83 In ft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Jimmy Byrne Trucking	NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste < 5	Name of Registered Landfill Cumberland County Landfill / Minerva Enterprises, Inc.
City, State Bronx, NY	Disposal Date To be Determined	City, State Newburg / Waynesburg	
Completed by G. Roger Woodman	Title Project Manager	Signature 	Date 9/16/2019

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

Date of Notification (1) 9/13/2019 <i>Inv 14642</i>		Name of Building Owner/Operator (2) U.S. DEPARTMENT OF LABOR		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 23 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Street Address 200 CONSTITUTION AVE., NW							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WASHINGTON, DC 20210					
		Name of Contact MISAEAL DIAZ		Telephone Number 732-470-4581					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) EDISON JOB CORPS CENTER, BUILDING 871				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 500 PLAINFIELD AVENUE				<input type="checkbox"/> Square Feet <input type="checkbox"/> # of Floors <input type="checkbox"/> Bldg. Age					
City (5) EDISON		County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No. _____		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address P.O. BOX 385		City, State, Zip Code OCEANVILLE, NJ 08231		Street Address 11 VREELAND AVENUE					
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833		Telephone No. 973-956-8700					
Start Date (10) 9/25/2019		Scheduled Completion Date (11) 12/28/2019		License No. 00494					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>VACANT</u>				Name of OSHA Monitor SAME AS (9) ABOVE					
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				Street Address City, State, Zip Code					
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
				BUILDING TO BE DEMOED					
				AND DISPOSED OF AS					
				ASBESTOS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 1500 +/-		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ		Disposal Date 12/28/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 9/13/2019			

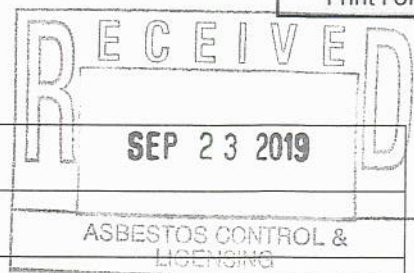
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/13/2019		Name of Building Owner/Operator (2) U.S. DEPARTMENT OF LABOR							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<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	200 CONSTITUTION AVE., NW							
		City, State, Zip Code WASHINGTON, DC 20210							
		Name of Contact MISAEAL DIAZ	Telephone Number 732-470-4581						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) EDISON JOB CORPS CENTER, BUILDING 801		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 500 PLAINFIELD AVENUE		Square Feet	# of Floors						
City (5) EDISON		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) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
Start Date (10) 9/25/2019		Scheduled Completion Date (11) 12/28/2019	License No. 00494						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: VACANT		Name of OSHA Monitor SAME AS (9) ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				BUILDING TO BE DEMOED					
				AND DISPOSED OF AS					
				ASBESTOS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 12/28/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 9/13/2019					

CK 24395

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



Date of Notification (1) 9/13/2019 <i>Inv 14639</i>		Name of Building Owner/Operator (2) U.S. DEPARTMENT OF LABOR		Street Address 200 CONSTITUTION AVE., NW		City, State, Zip Code WASHINGTON, DC 20210		Name of Contact MISAEAL DIAZ		Telephone Number 732-470-4581					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) EDISON JOB CORPS CENTER, BUILDING 806						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 500 PLAINFIELD AVENUE						City (5) EDISON		Square Feet		# of Floors					
County (6) MIDDLESEX						County Code (7) (STATE USE ONLY) <i>08817</i>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.				ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.									
Street Address P.O. BOX 385				City, State, Zip Code OCEANVILLE, NJ 08231		Street Address 11 VREELAND AVENUE				City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm JOHN SMOYER				Telephone No. 609-652-1833		Telephone No. 973-956-8700				License No. 00494					
Start Date (10) 9/25/2019		Scheduled Completion Date (11) 12/28/2019		Name of OSHA Monitor SAME AS (9) ABOVE											
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT						Street Address City, State, Zip Code									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure															
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Abatement Type			
												Removal	Repair	Encapsulate	Enclosure
						BUILDING TO BE DEMOED									
						AND DISPOSED OF AS									
						ASBESTOS									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 1500 +/-		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.							
City, State TOTOWA, NJ				Disposal Date 12/28/2019		City, State MORRISVILLE, PA									
Completed by VIVECA RAMOS				Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 9/13/2019					