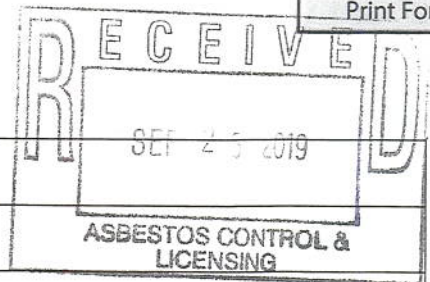


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/19/2019		Name of Building Owner/Operator (2) Residence	
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 Spring Lake Heights NJ 08750	
		Name of Contact Victor Lorio	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) Spring Lake Heights		Square Feet 4,428	# of Floors 1
County (6) Monmouth		Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	
Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316
Start Date (10) 10/07/2019	Scheduled Completion Date (11) 10/14/2019	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354	
<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 South Orange, NJ 07079	

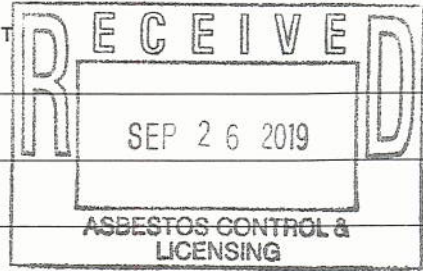
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor Tile	1,200 SF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>[Signature]</i>	Date 09/19/2019	

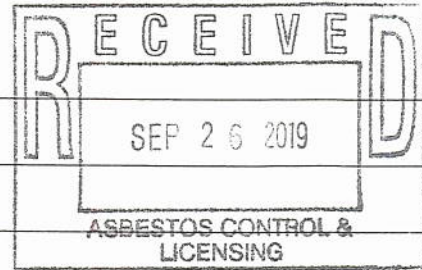
Inv# 14729
CK1038 PAID

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



Date of Notification (1) 09/20/19		Name of Building Owner/Operator (2) Rushmore Management							
Agencies Notified	Type Notification	Street Address PO Box 945							
<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 checked="" type="checkbox"/> Emergency (including justification) _____ <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ, 08701							
		Name of Contact Rushmore Management	Telephone Number 732-597-0879						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 225 South Harrison 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 225 South Harrison Street		Square Feet	# of Floors						
City (5) East Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/25/2019	Scheduled Completion Date (11) 09/29/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				ACM Pipe Insulation	200 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 09/29/2019	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 09/20/19			

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

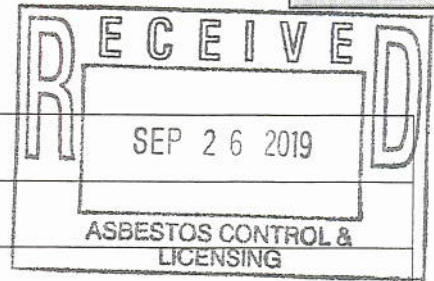


Date of Notification (1) 09/24/19		Name of Building Owner/Operator (2) Timster Trucking, Inc,							
Agencies Notified	Type Notification	Street Address 128 Bartlett Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) 108 Ohio 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 108 Ohio Avenue									
City (5) Beach Haven/Long Beach		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. 732-668-9078	License No. 1200						
Start Date (10) 10/04/2019	Scheduled Completion Date (11) 10/07/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	2500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 14	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 10/07/2019	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 09/24/19			

Inv# 14762

PAID

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



Date of Notification (1) 09/24/19		Name of Building Owner/Operator (2) Timster Trucking, Inc.							
Agencies Notified	Type Notification	Street Address 128 Bartlett Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) 805 S Bay 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 805 S Bay Avenue		Square Feet	# of Floors						
City (5) Beach Haven/Long Beach		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. 732-668-9078	License No. 1200						
Start Date (10) 10/04/2019	Scheduled Completion Date (11) 10/07/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	2500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 14	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/07/2019		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 09/24/19			

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

Date of Notification (1)

9/23/2019

Name of Building Owner/Operator (2)

Sandy Shapiro

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

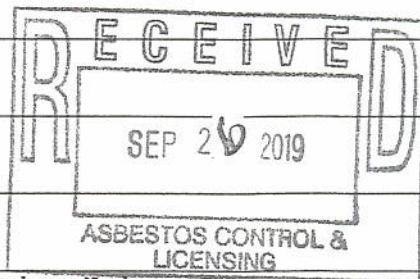
City, State, Zip Code

Haworth, NJ, 07641

Name of Contact

Sandy Shapiro

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Sandy Shapiro

Type of Facility (4)

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

Street Address

City

Haworth

County

Bergen

County Code (7)
(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

10 02 19

Month Day Year

Sched. Completion Date (11)

10 04 19

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	110 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

10/04/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

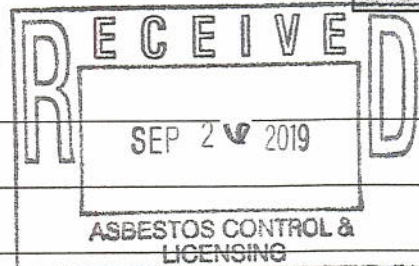
Constantine Vivian

Date

9/23/2019

5 Myrtle St

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



Date of Notification (1) 9/23/19		Name of Building Owner/Operator (2) Cyndy Rowe 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 Manahawkin NJ 08005	
		Name of Contact Cyndy	Telephone Number -

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cyndy Rowe 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 1
City (5) Manahawkin NJ 08005		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		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) 10/7/19	Scheduled Completion Date (11) 10/15/19	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 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 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 Siding			x	Exterior Siding	1200 SF	x			

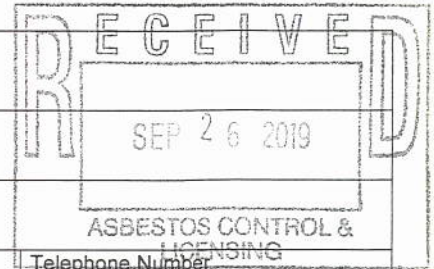
Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 10/15/19	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 9/23/19

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

CK#1220

Inv#14778 PAID

Date of Notification (1) 09 / 25 / 19		Name of Building Owner/Operator (2) Verizon	
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 1 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Douglas O'Hara Telephone Number 301-802-5112	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon		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 9 Main Street		Square Feet 5,000	
City (5) Netcong, NJ 07857		# of Floors 1	Bldg. Age 50
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00774
Start Date (10) 10 / 15 / 19	Scheduled Completion Date (11) 11 / 31 / 19	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Cable Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Hackettstown, NJ		Disposal Date 11/15/2019	City, State Morrisville, PA		
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 09-25-19		

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



Date of Notification (1) 9 / 13 / 19		Name of Building Owner/Operator (2) Adams, Rhemann & Heggan Associates	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 Belleveve Ave City, State, Zip Code Hammonton, NJ 08037	
		Name of Contact Mr. Henry Weigel	Telephone Number 609 561-0842

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1066 N. Delsea Drive			
City (5) Vineland	Square Feet >2200	# of Floors 1	Bldg. Age
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store	
Name of Monitoring Firm Hired by Building Owner (8) Lea Environmental		Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 900 Route 168, Suite E4		Street Address 1345 Industrial Blvd	
City, State, Zip Code Blackwood NJ 08012		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm	Telephone No. 866 711-0201	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 11 / 30 / 19	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____ PM- ____ AM		Street Address City, State, Zip Code	

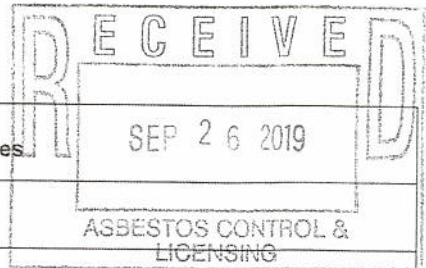
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor Tile and Mastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main Store Show Room	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transite Paneling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heater and Closet Ceiling	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 9/25/2019		

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



Date of Notification (1) 9 / 13 / 19		Name of Building Owner/Operator (2) Adams, Rhemann & Heggan Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 Belleveve Ave City, State, Zip Code Hammonton, NJ 08037 Name of Contact Mr. Henry Weigel							
		Telephone Number 609 561-0842							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Vineland		Square Feet >2200	# of Floors 1						
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house						
Name of Monitoring Firm Hired by Building Owner (8) Lea Environmental		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 900 Route 168, Suite E4		Street Address 1345 Industrial Blvd							
City, State, Zip Code Blackwood NJ 08012		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610 558-8902	Telephone No. 215 322-2900						
		License No. 00783							
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 11 / 30 / 19	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____ PM - ____ AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silver Roofing Cement Over Metal	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BLACK/SILVER ROOFING AND	*****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIMNEY CEMENT	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 9/13/2019					

check 5375 INV # 14793
PAID

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

RECEIVED Print Form
SEP 25 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/21/19		Name of Building Owner/Operator (2) RPM Development Group						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> BOH <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 77 Park Street		City, State, Zip Code Montclair, New Jersey						
Name of Contact Fred Lawler		Telephone Number 909 575 1957						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RPM Property		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 19 Allen Ave		Square Feet 3700						
City (5) Montclair (Ft. Monmouth)		# of Floors 2						
County (6) Monmouth		Bldg. Age 67+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc						
City, State, Zip Code		Street Address 95 Montrose Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey						
Telephone No.		Telephone No. 732 294 1757						
Start Date (10) 9/30/19		License No. 00029						
Scheduled Completion Date (11) 10/11/19		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>partial</u>		Street Address						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥23 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement/Crawlspace interior			2.5 sq. ft. of pipe	200 LF				
			4.5 sq. ft. of pipe	200 LF				
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12056		Cubic Yards of Waste 9		Name of Registered Landfill Fairless/Cherry		
City, State Colts Neck, New Jersey		Disposal Date		City, State Morgantown, PA		Date 9/21/19		
Completed by James G. Gurnea		Title Secretary/Treasurer		Signature [Signature]		Date 9/21/19		

Inv# 14795
CK254 PAID

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

Print Form

RECEIVED

SEP 18 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) September 13, 2019		Name of Building Owner/Operator (2) Passaic Valley Water Commision	
Agencies Notified	Type Notification	Street Address 1525 Main Ave	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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton NJ 07011 Name of Contact Louis Amodio	
		Telephone Number 973-340-4300	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Main Pump Station		Type of Facility (4)	
Street Address 800 Union Boulevard		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Totowa	Square Feet 15,000	# of Floors 1	Bldg. Age 100
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Water Pump Station	
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) Polmax Corporation
Street Address 5 Marine View Plaza		Street Address 44 Koster Street 2nd floor	
City, State, Zip Code Hoboken NJ 07030		City, State, Zip Code Wallington NJ 07057	
Project Manager for Monitoring Firm Michael Novak		Telephone No. 201-876-9400	Telephone No. 973-809-1122 License No. 01361
Start Date (10) September 23, 2019	Scheduled Completion Date (11) November 31, 2019	Name of OSHA Monitor tbd	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacated for construction to minimum		City, State, Zip Code	

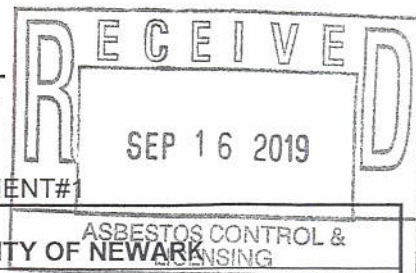
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior windows			x	miscellaneous - glass glazing	37 windows	x			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State 623 Dowd Ave, Elizabeth NJ		Disposal Date tbd		City, State 1000 New Ford Mill Road	
Completed by Kielczewski Slawomir		Title CEO	Signature <i>Slawomir Kielczewski</i>		Date 09/13/2019

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



Inv# 14747

ETS JOB # 5410/19 CHECK #29996

AMENDMENT#1

Date of Notification (1) 8/28/2019		Name of Building Owner / Operator (2) NEWARK PUBLIC LIBRARY O/B/O THE CITY OF NEWARK	
Agencies Notified	Type Notification	Street Address 5 WASHINGTON STREET	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State & Zip Code NEWARK, NJ 07101	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact MR. GEORGE WHEATLE WILLIAMS	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-733-5697	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

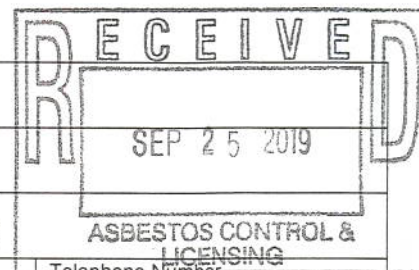
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NEWARK PUBLIC LIBRARY			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 5 WASHINGTON STREET			Square Feet 124,400	# of Floors 4	Bldg. Age 121
City (5) NEWARK	County (6) ESSEX	County Code (7)	Current Use (Prior if being demolished) LIBRARY		
Name of Monitoring Firm Hired by Building Owner (8) DPV CONSULTANTS, INC.		ASCM No. 28969	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 225 WEST 37TH STREET, 15TH FLOOR		Street Address 160 CLAY STREET			
City, State & Zip Code NEW YORK, NY 10018		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm MICHAEL McMAHON		Telephone Number 718-701-2757	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) HOLD	Scheduled Completion Date (11) 9/08/2020		Name of OSHA Monitor TESTOR TECH.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5:00 PM - 1:30 AM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVENUE		
			City, State & Zip Code LONG ISLAND CITY, NY 11101		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment	
<input type="checkbox"/> Large Project				<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				<input checked="" type="checkbox"/> Other: TENT & NON-FRIABLE PROCEDURES	

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)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1 ST FLOOR	NO	CEILING/WALL PLASTER	6 SF	TENT
2 ND FLOOR	NO	FLOOR TILES & MASTIC	36 SF	NON-FRIABLE PROCEDURES
2 ND FLOOR MEZZANINE	NO	CEILING/WALL PLASTER	8 SF	TENT
3 RD FLOOR	NO	FLOOR TILES & MASTIC CEILING/WALL PLASTER	60 SF 9 SF	NON-FRIABLE PROCEDURES TENT
Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 20	Name of Registered Landfill #1 CUMBERLAND COUNTY LANDFILL
City, State		Disposal Date		City, State

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

Check # 25975



Date of Notification (1) 9/19/2019		Name of Building Owner/Operator (2) Hedges							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Merchantville, NJ 08109							
		Name of Contact Virginia Hedges	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Merchantville, NJ 08109		Bldg. Age 80 +/-							
County (6) Canmden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 9/20/2019	Scheduled Completion Date (11) 9/23/2019	Name of OSHA Monitor MECS							
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 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Attic	X			Asbestos Block Debris	60 sf	X			
Basement		X		Thermal Duct Insulation	4 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 9/23/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 9/19/2019					

09/19/2019 2:49PM FAX

page
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 SEP 25 2019
 Check # 25975
 DOL - 10 DAY
 ASBESTOS CONTROL & LICENSING
 Print Form

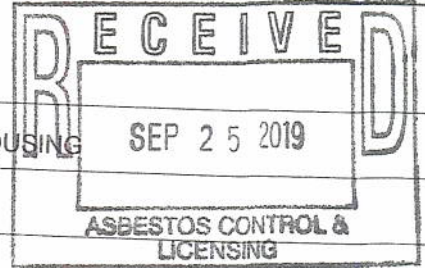
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:63 and 12:120)

Date of Notification (1) 9/19/2019		Name of Building Owner/Operator (2) Hedges		Street Address [REDACTED]					
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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Merchantville, NJ 08109					
		Name of Contact Virginia Hedges		Telephone Number (609) 969-8570					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 2000						
City (5) Merchantville, NJ 08109			# of Floors 2		Bldg. Age 80 +/-				
County (8) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (9) MECS		ASCM No.		Name of Abatement Contractor (6) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322		City, State, Zip Code Allentown, NJ 08601					
City, State, Zip Code Crosswicks, NJ 08515		Telephone No. 609 259-9688		License No. 00493					
Project Manager for Monitoring Firm Bill Weiagarber		Telephone No. 609 298-4070		Name of OSHA Monitor MECS					
Start Date (10) 9/20/2019		Scheduled Completion Date (11) 9/23/2019		Street Address PO Box 341					
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 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 ≥ 250 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
Attic	X			Asbestos Block Debris	60 sf	X			
Basement		X		Thermal Duct Insulation	4 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ		Disposal Date 9/23/2019		City, State Morgantown, PA					
Completed by Mehlon E. Stevens		Title Project Manager		Signature [Signature]		Date 9/19/2018			

ASB-11 (A-05-08)

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

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



INV# 14738
CK 1288 PAID

Date of Notification (1) 09.13.19		Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 319 EAST STATE STREET		City, State, Zip Code TRENTON, NJ 08608							
Name of Contact DAN ROACH		Telephone Number 609-989-3518							
Name of Facility Where Abatement is Taking Place (3) 17 MONMOUTH PLACE									
Street Address 17 MONMOUTH PLACE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) TRENTON		Square Feet 968	# of Floors 2						
County (6) MERCER		Bldg. Age 99							
County Code (7) (STATE USE ONLY)		Current Use (8) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		ASCM No.							
Street Address PO BOX 354		Name of Abatement Contractor (9) BRINK'S TANK SERVICES							
City, State, Zip Code SOUTH ORANGE, NJ 07079		Street Address 1256 LIBERTY AVE							
Project Manager for Monitoring Firm SARAH CALANDRA		City, State, Zip Code HILLSIDE, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316						
Start Date (10) 09.19.19		Scheduled Completion Date (11) 09.29.19							
Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC		Street Address PO BOX 354							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill WASTE MANAGEMENT LANDFILL			
City, State EAST ORANGE, NJ		Disposal Date		City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER		Signature 		Date 11/1/19			

CK 2814

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

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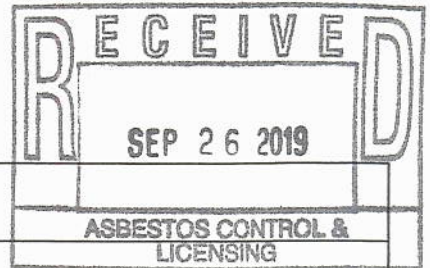
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/25/2019		Name of Building Owner/Operator (2) International Paper Company / Georgia Pacific LLC							
Agencies Notified	Type Notification	Street Address 6400 Poplar Avenue / 133 Peach Tree Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Memphis, TN 38197 / Atlanta, GA 30004							
		Name of Contact Dan Williams (Envirocon)	Telephone Number 314-600-8129						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Curtis Specialty Papers		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 Frenchtown Road		Square Feet 150,000	# of Floors Various						
City (5) Milford		Bldg. Age 70 +/-							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Abandoned)							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) PRISM Response, LLC						
Street Address 1 Harvard Way, Unit 5		Street Address 102 Technology Lane							
City, State, Zip Code Hillsborough, NJ 0844		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Kevin Held		Telephone No. 908-526-1000	Telephone No. 7243253330						
License No. 01121									
Start Date (10) 4/8/2019	Scheduled Completion Date (11) 11/27/2019	Name of OSHA Monitor PRISM Response, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 70 Hillside Drive, Suite 200							
<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 Drums, PA 18222							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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			X	SEE ATTACHED	ATTACHED	x			
Group D Bldg. 60 North Metal Stack			X	Friable Asbestos	2543	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 558	Name of Registered Landfill GROWS Landfill					
City, State Newark, NJ 07114		Disposal Date		City, State Morrisville, PA					
Completed by Jessica Wolfe		Title Admin. Support	Signature <i>Jessica Wolfe</i>			Date 9/24/2019			

INV14781

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



Date of Notification (1) 09 / 24 / 19		Name of Building Owner/Operator (2) Glenside Urban Renewal, LLC		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 929 Route 202		City, State, Zip Code Raritan, NJ 08869		Telephone Number 908-249-3000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2545 Route 22			Square Feet						
City (5) Scotch Plains			# of Floors						
County (6) Union			Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026		License No. 1188					
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932		Telephone No. 973-928-4888					
Start Date (10) 10 / 03 / 19		Scheduled Completion Date (11) 11 / 15 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor-under carpet- Main Front Open Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Attic Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	24 Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 9/24/19			

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ASBESTOS CONTROL & LICENSING

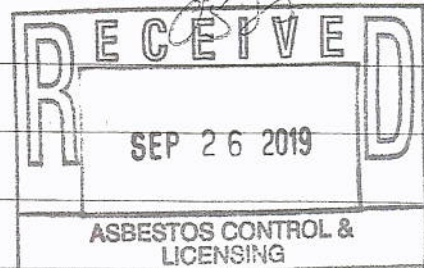
Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 9/24/19
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Change of start date at
~~9/6/2019~~ 10/20/2019

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

PAID

INV-14531



Date of Notification (1) 9/6/2019 9/18/19		Name of Building Owner/Operator (2) CarePoint Health	
Agencies Notified	Type Notification	Street Address 308 Willow Ave.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NJ	
		Name of Contact Manuel Tapia	Telephone Number 551-697-0480

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hoboken University Hospital		Type of Facility (4) <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 308 Willow Ave		Square Feet 300,000	# of Floors 7
City (5) Hoboken		Bldg. Age 156	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Center/Hospital	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors	
Street Address		Street Address 2400 Mains St Ext Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ, 08872	

Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-525-0100	License No. 00750
Start Date (10) 9/21/19 9/28/19	Scheduled Completion Date (11) 9/21/2019 9/28/19	Name of OSHA Monitor Environmental Tactics	
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>Performed in Mechanical Rooms</u>		Street Address 64 Broad St	
		City, State, Zip Code Matawan, NJ 07747	

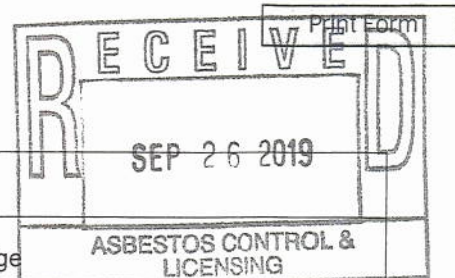
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input 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
AHU-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5 Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHU-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor MER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 32	Name of Registered Landfill GROWS Landfill
City, State Freehold, NJ	Disposal Date 9/21/2019	City, State Morrisville, PA	
Completed by John Evanovich	Title Estimator	Signature <i>John Evanovich</i>	Date 9/6/2019

Michael Mignone 9/18/19



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

CH 400024

Date of Notification (1) September 25, 2019		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address GSP Interchange 145 Central Ave Bridge City, State, Zip Code East Orange, NJ 07017 Name of Contact Dan Wenger Telephone Number 7327505300							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GSP Interchange 145 Central Ave Bridge		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 GSP Interchange 145 Central Ave Bridge		Square Feet N/A	# of Floors Bldg. Age						
City (5) East Orange		Current Use (Prior if being demolished) Bridge Utilities							
County (6) Essex	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) George Harms Construction Co., Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 62 Yellowbrook Road							
Street Address		City, State, Zip Code Howell, NJ 07731							
City, State, Zip Code		Telephone No. 732-751-2089	License No. 01055						
Project Manager for Monitoring Firm		Name of OSHA Monitor							
Start Date (10) October 4, 2019		Scheduled Completion Date (11) November 30, 2019							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Bridge / Road Reconstruction & Demolition		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
Transite			X	Transite Utility Duct	500 LF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer		Signature 		Date 9/25/2019			

CK 406025

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

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) September 25, 2019		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
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	GSP Interchange 145 East Passaic Ave Bridge	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact Dan Wenger	Telephone Number 7327505300

FACILITY INFORMATION

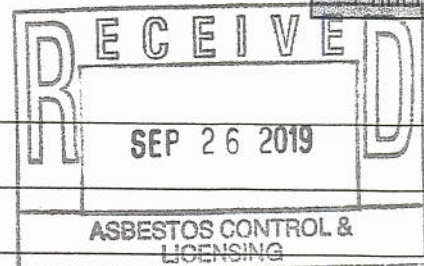
Name of Facility Where Abatement is Taking Place (3) GSP Interchange 145 East Passaic Ave Bridge		Type of Facility (4)	
Street Address GSP Interchange 145 East Passaic Ave Bridge		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Nutley		Square Feet N/A	# of Floors Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bridge Utilities	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.
Street Address		Street Address 62 Yellowbrook Road	
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089
Start Date (10) October 4, 2019		Scheduled Completion Date (11) November 30, 2019	License No. 01055
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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: Bridge / Road Reconstruction & Demolition		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Transite Duct			X	Transite Duct Bank	500 LF	X			

Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management	
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Sam Hahn		Title Project Engineer	Signature 	Date 9/25/2019	

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

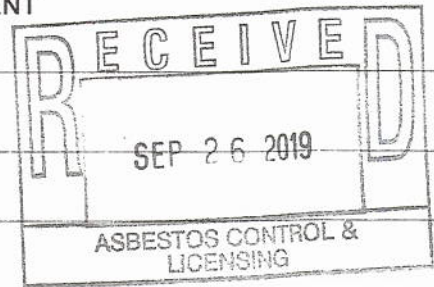


Ch 7603

Inv 1470

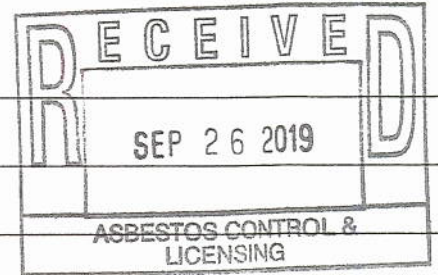
Date of Notification (1) 9/23/19		Name of Building Owner/Operator (2) Richard & Stefanie Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Margate NJ 08402							
		Name of Contact Matt	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richard & Stefanie 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]									
City (5) Margate NJ 08402		Square Feet 1000+	# of Floors 2						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/7/19	Scheduled Completion Date (11) 10/15/19	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			x	Pipe insulation	100 LF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill ACUA					
City, State West Berlin NJ			Disposal Date 10/15/19	City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 9/23/19			

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



Date of Notification (1) 09 / 23 / 19		Name of Building Owner/Operator (2) Anna Lobaito							
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 Toms River, NJ 08753 Name of Contact Anna Lobaito Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lobaito Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,072							
City (5) Toms River		# of Floors 1	Bldg. Age 51						
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) 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 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 / 02 / 19	Scheduled Completion Date (11) 10 / 04 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 10/04/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 9/23/19			

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



Date of Notification (1) 09-23-2019		Name of Building Owner/Operator (2) Dyanira Custodio							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack NJ 07601							
		Name of Contact Dyanira Custodio	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) Hackensack NJ 07601		Square Feet N/A	# of Floors N/A						
County (6) Bergen		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 Fulon 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	License No. 01266						
Start Date (10) 09-24-2019	Scheduled Completion Date (11) 10-10-2019	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734							
<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 Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Appartement			x	popcorn ceiling	1000 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 10 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 10-15-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature		Date 09-23-2019			

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

Print Form

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SEP 26 2019

ASBESTOS CONTROL & LICENSING

CH3711

Date of Notification (1)
09/18/2019 INV-14768

Name of Building Owner/Operator (2)
Residence

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

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

Street Address
[REDACTED]

City, State, Zip Code
North Plainfield NJ 07060

Name of Contact
Tom Jones

Telephone Number

FACILITY INFORMATION

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

Street Address
[REDACTED]

City (5)
North Plainfield

County (6)
Somerset

County Code (7)
(STATE USE ONLY)

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

Square Feet
1,418

of Floors
2

Bldg. Age
95

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354

Street Address
1256 Liberty Avenue

City, State, Zip Code
South Orange, NJ 07079

City, State, Zip Code
Hillside, NJ 07205

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Telephone No.
844-462-7465

License No.
01316

Start Date (10)
10/02/2019

Scheduled Completion Date (11)
10/09/2019

Name of OSHA Monitor
A. Seine Lighthouse Solutions

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
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

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

Location of Asbestos-Containing Material (ACM) <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		floor tile	450 SF	X			

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
East Orange, NJ

Disposal Date

City, State
Penn Argyle, PA

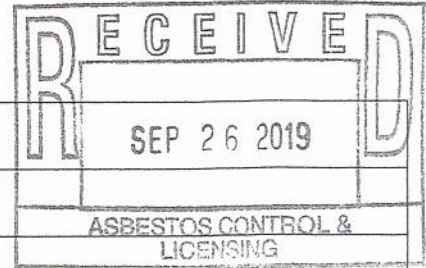
Completed by
Alison Lamers

Title
Office Manager

Signature
[Signature]

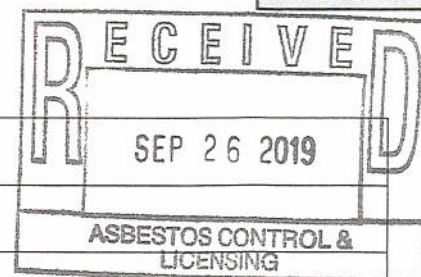
Date
09/18/2019

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



Date of Notification (1) 09/22/2019		Name of Building Owner/Operator (2) Beth Pereira							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Beth Pereira	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beth Pereira'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]		Square Feet	# of Floors						
City (5) Belleville, NJ 07109		Bldg. Age							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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. 2018999008	License No. 01336						
Start Date (10) 09/23/2019	Scheduled Completion Date (11) 09/30/2019	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 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 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	10	x			
Basement boiler room		x		Pipe insulation	12	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 09/22/2019			

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



CH76000

Inv 147600

Date of Notification (1) 9/23/19		Name of Building Owner/Operator (2) Karen Axlsson Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May NJ 08204	
		Name of Contact Karen	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Karen Axlsson 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]			
City (5) Cape May NJ 08204		Square Feet 1000+	# of Floors 2
		Bldg. Age 50+	
County (6) Cape May	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) 10/3/19	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)

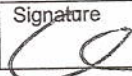
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Exterior Siding			x	Exterior Siding	2500 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 10/11/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 9/23/19

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

RECEIVED	SEP 26 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/23/19		Name of Building Owner/Operator (2) Jeff Cummings Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Toms River NJ 08753							
Name of Contact Jeff		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jeff Cummings 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 1						
City (5) Toms River NJ		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Name of Abatement Contractor (9) Pernaco Inc.		Street Address PO Box 329							
Street Address		City, State, Zip Code West Berlin NJ 08091							
City, State, Zip Code		Telephone No. 856-753-9800	License No. 00727						
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 10/3/19	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 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	1200SF	x			
Garage			x	Exterior Siding	750 SF	x			
Name of Registered Waste Hauler United Roll Off		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 10/11/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/23/19		

CK# 5378

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

RECEIVED	SEP 26 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/24/19		Name of Building Owner/Operator (2) Boro of Somerville	
Agencies Notified	Type Notification	Street Address 25 West End Ave	
<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 Somerville, New Jersey 08876	
		Name of Contact Paul	Telephone Number 908 413 6909

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Boro of Somerville Property		Type of Facility (4)	
Street Address 91 Gaston Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Somerville	Square Feet 3000	# of Floors 1	Bldg. Age 65+
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Bank	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Rad	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 294 1757	License No. 00029

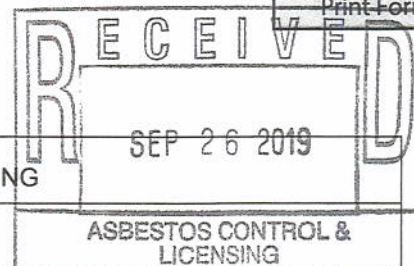
Start Date (10) 10/3/19	Scheduled Completion Date (11) 10/7/19	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)		Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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 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
Interior			x	floor tile	25 sf	x			

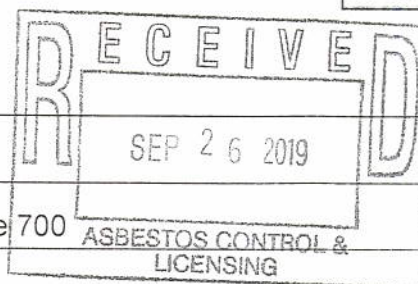
Name of Registered Waste Hauler Ace Insulation Co., Inc	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins
City, State Colts Neck, New Jersey	Disposal Date 10/7/19	City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature 	Date 9/24/19

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



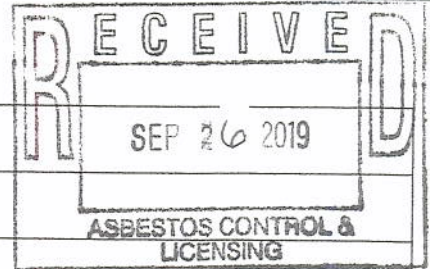
Date of Notification (1) 09.20.19		Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING							
Agencies Notified	Type Notification	Street Address 319 EAST STATE STREET	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08608							
		Name of Contact DAN ROACH	Telephone Number 609-989-3518						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1851	# of Floors 2						
City (5) TRENTON		Bldg. Age 111							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
License No. 01316									
Start Date (10) 09.25.19	Scheduled Completion Date (11) 10.05.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ		Disposal Date		City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 9/20/19					

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



Date of Notification (1) 7/29/19		Name of Building Owner/Operator (2) Macerich							
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401							
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears Store		Type of Facility (4)							
Street Address 1750 Deptford Center 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) Deptford Township		Square Feet 150000	# of Floors 2						
County (6)		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		Name of Abatement Contractor (9) Associated Speciality Contracting Inc							
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave							
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342							
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	License No. 01103						
Start Date (10) 5/15/19	Scheduled Completion Date (11) 10/30/19	Name of OSHA Monitor Synertech							
Occupancy Status During Abatement (Check Only One)		Street Address 2206 S Broad St							
<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 Philadelphia Pa 19145							
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 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
Main Store Roof	x			roofing	71,000sf	x			
east side entrance canopy	x			transite	500sf	x			
south side entrance canopy	x			transite	500sf	x			
				f					
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400	Name of Registered Landfill Tulleytown Resources Recovery Landfill					
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA					
Completed by Jack Tomasura		Title SR Estimator		Signature 		Date 7/29/19			

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) Serafin Orpilla							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Serafin Orpilla	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Serafin Orpilla'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]		Square Feet	# of Floors						
City (5) Kearny, NJ 07032		Bldg. Age							
County (6) Hudson 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.	License No. 01336						
Start Date (10) 9/17/2019	Scheduled Completion Date (11) 09/28/2019	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage Room		x		Pipe insulation	12 LF	x			
Basement Storage Room		X		TSI Elbows	4 SF	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 09/17/2019			