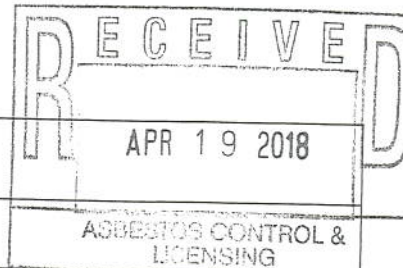


CH 15983

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



| Date of Notification (1)<br><b>4 / 13 / 18</b>  |   | Name of Building Owner/Operator (2)<br><b>Mark Development, LLC</b>  |                                     | <b>APR 19 2018</b><br><br><b>ASBESTOS CONTROL &amp; LICENSING</b>  |  |                                     |                          |                          |                          |
|---|---|--|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # <b>0</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |  |  |                                     |                          |                          |                          |
| Street Address<br><b>57 River Street</b>  |   | City, State, Zip Code<br><b>Wellesly, MA 02481</b>   |                                     |  |  |                                     |                          |                          |                          |
| Name of Contact<br><b>David Roache</b>  |   | Telephone Number<br><b>617-614-9147</b>  |                                     |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |                                     |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>1200 Highway 35</b>  |   |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |                                     |                          |                          |                          |
| Street Address<br><b>1200 Highway 35</b>  |   |  |                                     |  |  |                                     |                          |                          |                          |
| City (5)<br><b>Middletown, NJ 07748</b>   |   |  |                                     | Square Feet<br><b>24,000</b>   | # of Floors<br><b>1</b>  |                                     |                          |                          |                          |
| County (6)<br><b>Monmouth</b>   |   | County Code (7) (STATE USE ONLY)   |                                     | Bldg. Age<br><b>50+</b>  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Whitestone Assoc.</b>   |   | ASCM No.<br><b>NA</b>  |                                     | Current Use (Prior if being demolished)<br><b>Commerical</b>   |  |                                     |                          |                          |                          |
| Street Address<br><b>1600 Manor Drive</b>   |   | Name of Abatement Contractor (9)<br><b>Alliance Environmental Systems</b>  |                                     |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Chalfont, PA 18914</b>  |   | Street Address<br><b>550 East Union St.</b>  |                                     |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jeremy Hassett</b>  |   | Telephone No.<br><b>215-712-2700</b>   |                                     | City, State, Zip Code<br><b>West Chester, PA 19382</b>   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>5 / 1 / 18</b>  |   | Scheduled Completion Date (11)<br><b>6 / 8 / 18</b>  |                                     | Telephone No.<br><b>610-701-9000</b>   | License No.<br><b>00508</b>  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-3:30PM-AM</b>  |   |  |                                     | Name of OSHA Monitor<br><b>AET</b>   |  |                                     |                          |                          |                          |
| Street Address<br><b>28 N. Pennel Road</b>  |   |  |                                     |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Media, PA 19063</b>   |   |  |                                     |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |  |                                     |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Main Floor  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | VAT  | 22,000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Roofing  | 22,000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Caulk  | 180 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heater Room   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Transite Panel   | 16 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Richard Burns &amp; Co</b>  |   | NJDEP Waste Hauler ID No.<br><b>19955</b>  |                                     | Cubic Yards of Waste<br><b>60</b>  | Name of Registered Landfill<br><b>Western Berks Community Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Phila., PA</b>  |   | Disposal Date<br><b>TBD</b>  |                                     | City, State<br><b>Birdsboro, PA</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Mark Griffin</b>   |   | Title<br><b>Estimator</b>  |                                     | Signature<br>  |  | Date<br><b>4/13/18</b>              |                          |                          |                          |



B &amp; G proj. #: 2018-95

# PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26-7 and 12:120-7)

Check # 8932

|  |  |  |  |   |
|--|--|--|--|---|
| Date of Notification (1)<br><u>10/14/17</u> / <u>11/18/18</u>  |  | Name of Building Owner/Operator (2)<br>Arthur McCallen |  | <div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">APR 19 2018</div> |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]                           |  |   |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Glen Ridge, NJ 07028          |  |   |
|  |  | Name of Contact<br>Arthur McCallen                     |  |   |
|  |  | Telephone Number                                       |  | ASBESTOS CONTROL & LICENSING  |

## FACILITY INFORMATION

|   |                     |   |  |   |                         |
|---|---------------------|---|--|---|-------------------------|
| Name of facility where abatement is taking place (3)<br>Arthur McCallen   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |   |                         |
| Street Address<br>[REDACTED]  |                     |   | Square Feet    # of Floors    Bldg. Age  |   |                         |
| City (5)<br>Glen Ridge, NJ 07028  | County (6)<br>Essex | County Code (7)<br>(State use only)             | Current Use (Prior if being demolished)<br>Residential   |   |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]  |                     | ASCM No.<br>n/a                                 | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |   |                         |
| Street Address<br>[REDACTED]  |                     | Street Address<br>105 Ryerson Road              |  |   |                         |
| City, State, Zip Code<br>[REDACTED]   |                     | City, State, Zip Code<br>Lincoln Park, NJ 07035 |  |   |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]   |                     | Phone Number<br>[REDACTED]                      | Telephone Number<br>(973)696-6869  |   | License Number<br>00378 |
| Scheduled Start Date (10)<br>04/27/2018   |                     | Sched. Completion Date (11)<br>04/28/2018       |  | Name of OSHA Monitor<br>B & G Restoration, Inc. |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____  |                     |   | Street Address<br>105 Ryerson Road   |   |                         |
|   |                     |   | City, State, Zip Code<br>LincolnPark, NJ 07035   |   |                         |
| Scope of Work (check all that apply)  |                     |   |  |   |                         |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Glovebag procedure<br><input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure |                     |   |  |   |                         |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A                                 |   |                           |                                     |                            |                          |                          |
| laundry room   |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 18 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| main room  |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 21 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| hallway  |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 59 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 storage rooms  |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 9lf/ 4lf/ 5lf             | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                              |                                  |   |                    |
|--|--|------------------------------|----------------------------------|---|--------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. |  | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>2        | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |                    |
| City, State<br>Lincoln Park, NJ                    |  | Disposal Date<br>04/30/2018  |                                  | City, State<br>Tullytown, PA  |                    |
| Completed by (Print or Type)<br>Gordana Luna       |  | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> |   | Date<br>04/17/2018 |



CHB363

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:50 and 12:120)

Print Form

RECEIVED


APR 19 2018

ASBESTOS CONTROL & LICENSING

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br>04/17/2018   |  | Name of Building Owner/Operator (2)<br>Jenn Purcell |                  |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]                        |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Somerville, NJ 08876       |                  |
|  |  | Name of Contact<br>Jenn Pycell                      | Telephone Number |

| FACILITY INFORMATION   |  |   |  |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |  | Type of Facility (4)  |  |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| City (5)<br>Somerville   |  | Square Feet<br>2500   | # of Floors<br>2   |
| County (6)<br>Somerset   |  | Bldg. Age<br>60   |  |
| County Code (7)<br>(STATE USE ONLY) _____  |  | Current Use (Prior if being demolished)<br>Residence  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>DIA General Construction, Inc. |
| Street Address   |  | Street Address<br>1360 Clifton Avenue, PMB Suite 218  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Clifton, NJ 07012  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-389-0089   | License No.<br>00693   |
| Start Date (10)<br>04/28/2018  | Scheduled Completion Date (11)<br>04/29/2018 | Name of OSHA Monitor<br>DIA General Construction, Inc.  |  |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>1360 Clifton Avenue, PMB Suite 218  |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |  | City, State, Zip Code<br>Clifton, NJ 07012  |  |
| Scope of Work (Check All That Apply)   |  |   |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |  |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement   |   | X  |     | Pipe/Elbow Insulation   | 30 LF                     | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |  |                                    |   |   |  |
|--|--|------------------------------------|---|---|--|
| Name of Registered Waste Hauler<br>Service Transport Group |  | NJDEP Waste Hauler ID No.<br>20990 | Cubic Yards of Waste<br>6 CY  | Name of Registered Landfill<br>Minerva Landfill |  |
| City, State<br>New Castle, DE 19720                        |  | Disposal Date<br>04/29/2018        |   | City, State<br>Waynesburg, OH 44688             |  |
| Completed by<br>Milan NJezic                               |  | Title<br>Vice President            | Signature<br> | Date<br>04/17/2018                              |  |