

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

RECEIVED
APR 23 2019

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 4/19/2019 | | Name of Building Owner/Operator (2) Robinson | |
| Agencies Notified | Type Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Princeton, NJ 08540 | |
| | | Name of Contact Bruce Robinson | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, etc.) | |
| City (5) Princeton, NJ 08540 | | Square Feet 6000 | # of Floors 2 |
| County (6) Mercer | | 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 Chesterfield, 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) 4/30/2019 | Scheduled Completion Date (11) 5/30/2019 | Name of OSHA Monitor MECS | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 341 | |
| <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 Chesterfield, NJ 08515 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | |
| <input checked="" type="checkbox"/> Renovation <input 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| Basement | | X | Thermal Pipe Insulation |
| Crawl Space | X | | Thermal Pipe Insulation |
| | | | |
| | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | NJDEP Waste Hauler ID No. 18292 | Cubic Yards of Waste 8 |
| City, State Allentown, NJ | | Name of Registered Landfill Fairless Landfill | |
| Disposal Date 5/30/2019 | | City, State Morrisville, PA | |
| Completed by Mahlon E. Stevens | Title Project Manager | Signature | Date 4/19/2019 |

NOTIFICATION OF ASBESTOS ABATEMENT

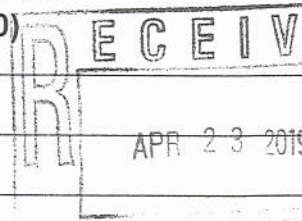
(Pursuant to N.J.A.C. 8:60 and 12:120)

chk# 557

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Date of Notification (1) 2/22/2019 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> R E C E I V E D APR 23 2019 Telephone Number 347-886 7140 ASBESTOS LICENSING </div> | |
| Agencies Notified | Type Notification | Street Address 386 Millburn Avenue | | | |
| <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-#3-4/18/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Millburn, NJ 07041 | | | |
| | | Name of Contact Johnny De Los Santos | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon - Millburn Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.) | | |
| Street Address 386 Millburn Avenue | | | Square Feet 20000 | | |
| City (5) Millburn | | | County (6) Essex | | County Code (7) |
| | | | Current Use (Prior if being demolished) COMMUNICATIONS | | Bldg. Age |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 ENTERPRISE AVE | | | Street Address 1123 BEAVER STREET | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | | City, State & Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | | License Number 00505 |
| Scheduled Start Date (10) 4/22/2019 | | Scheduled Completion Date (11) 5/10/2019 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State & Zip Code BRISTOL, PA 19007 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| | | Yes No N/A | | Amount (Specify SF or LF) | |
| Basement HSB/Store room | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 195 SF | |
| Basement Boiler Room | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 220 SF | |
| Basement Air Dryer Room | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 250 SF | |
| Basement Ventilating Equip. Room | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 532 SF | |
| Basement Office | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 150 SF | |
| Basement AC Mechanical Room | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Vat/Mastic 225 SF | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 26 | |
| City, State YARDLEY, PA | | Disposal Date TBD | | Name of Registered Landfill MINERVA LANDFILL | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | | Signature <i>Patrick T. DeCaro/gk</i> | |
| | | | | Date 4/18/2019 | |

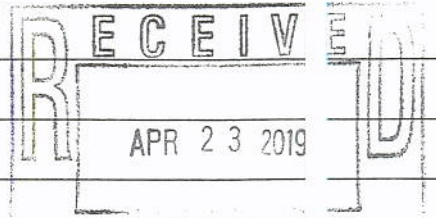
Pg. 2

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



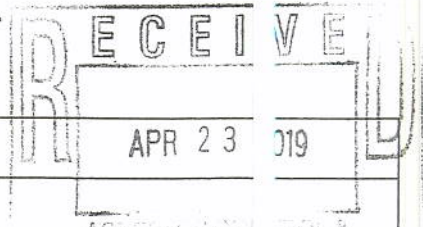
| | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|---------------------------------------------------------------------------------------|--|
| Date of Notification (1) 2/22/19 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | | Street Address 386 Millburn Avenue | | City, State & Zip Code Millburn, NJ 07041 | | Name of Contact Johnny De Los Santos | | Telephone Number 347-886 5714 | | |
| 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 checked="" type="checkbox"/> Amended-#3-4/18/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Millburn Central Office Street Address 386 Millburn Avenue City (5) Millburn County (6) Essex County Code (7) | | | | | | | | |
| | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.) | | Square Feet 20000 | | # of Floors 3 | | Bldg. Age | | |
| | | | | Current Use (Prior if being demolished) COMMUNICATIONS | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. Street Address 8436 ENTERPRISE AVE City, State & Zip Code PHILADELPHIA PA 19153 | | | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 | | | | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | | | Telephone Number 215-365-5810 | | Telephone Number 215-788-6040 | | License Number 00505 | | | | |
| Scheduled Start Date (10) 4/22/2019 | | Scheduled Completion Date (11) 5/10/2019 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | | | Amount (Specify SF or LF) | | Abatement Type | |
| | | | Yes No N/A | | | | | | | | Removal Encapsulate Enclose | |
| Basement Battery/Diesel Area | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | Vat/Mastic | | | 2,795 SF | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA | | | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 26 | | Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH 44688 | | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | | | Title Estimator | | Signature <i>Patrick T. DeCaro</i> | | | | Date 4/18/2019 | | |

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



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| Date of Notification (1) 2/22/2019 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | |
| 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 checked="" type="checkbox"/> Amended-#2-4/16/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 386 Millburn Avenue City, State & Zip Code Millburn, NJ 07041 Name of Contact Johnny De Los Santos | |
| | | Telephone Number 347-886 714 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon - Millburn Central Office | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.) | |
| Street Address 386 Millburn Avenue | | Square Feet 20000 | # of Floors 3 |
| City (5) Millburn | County (6) Essex | Bldg. Age | |
| | | Current Use (Prior if being demolished) COMMUNICATIONS | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | |
| Street Address 8436 ENTERPRISE AVE | | Street Address 1123 BEAVER STREET | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | City, State & Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone Number 215-365-5810 | License Number 00505 |
| Scheduled Start Date (10) 4/3/2019 | Scheduled Completion Date (11) ON HOLD | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 1123 BEAVER STREET | |
| | | City, State & Zip Code BRISTOL, PA 19007 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes No N/A | | |
| Basement HSB/Store room | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Vat/Mastic | 195 SF |
| Basement Boiler Room | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Vat/Mastic | 220 SF |
| Basement Air Dryer Room | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Vat/Mastic | 250 SF |
| Basement Ventilating Equip. Room | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Vat/Mastic | 532 SF |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Name of Registered Landfill MINERVA LANDFILL |
| City, State YARDLEY, PA | | Disposal Date TBD | City, State WAYNESBURG, OH |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick T. DeCaro / gm</i> |
| | | | Date 4/16/2019 |

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



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 2/22/2019 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | |
| 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 checked="" type="checkbox"/> Amended-#1-4/9/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 386 Millburn Avenue City, State & Zip Code Millburn, NJ 07041 Name of Contact Johnny De Los Santos | |
| | | Telephone Number 347-886 714 | |

FACILITY INFORMATION

| | | | | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Verizon - Millburn Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.) | | |
| Street Address 386 Millburn Avenue | | | Square Feet 20000 | # of Floors 3 | Bldg. Age |
| City (5) Millburn | County (6) Essex | County Code (7) | Current Use (Prior if being demolished) COMMUNICATIONS | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 ENTERPRISE AVE | | Street Address 1123 BEAVER STREET | | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | City, State & Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 4/3/2019 | Scheduled Completion Date (11) 4/16/2019 * | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | |

| | | | |
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| 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 Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 | |
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| | | | |
|-----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|--|
| 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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure | |
| | | <input type="checkbox"/> Glove Bag Procedures | |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Material | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Removal | Abatement Type | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | Encapsulate | Enclosure |
| Basement HSB/Store room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 195 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Air Dryer Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Ventilating Equip. Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 532 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"/> |

| | | | |
|-------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 11 | Name of Registered Landfill MINERVA LANDFILL |
| City, State YARDLEY, PA | Disposal Date TBD | City, State WAYNESBURG, OH | |
| Completed By (Print or Type) PATRICK T. DeCARO | Title Estimator | Signature <i>Patrick T. DeCaro</i> | Date 4/9/20 |

A UXTSIC 7/7, BACK ON SITE 7/10.

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

CH #3525
RECEIVED
APR 23 19

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| Date of Notification (1) 2/22/2019 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 5043 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 6576 <input checked="" type="checkbox"/> DOH 6569 <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 386 Millburn Avenue City, State & Zip Code Millburn, NJ 07041 Name of Contact Johnny De Los Santos | | | | | | |
| | | Telephone Number 347-886 3714 | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon - Millburn Central Office | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.) | | | | | | |
| Street Address 386 Millburn Avenue | | Square Feet 20000 | # of Floors 3 | | | | | |
| City (5) Millburn | County (6) Essex | Bldg. Age | | | | | | |
| County Code (7) | | Current Use (Prior if being demolished) COMMUNICATIONS | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | | | | | |
| Street Address 8436 ENTERPRISE AVE | | Street Address 1123 BEAVER STREET | | | | | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone Number 215-365-5810 | License Number 00505 | | | | | |
| Scheduled Start Date (10) 4/3/2019 | Scheduled Completion Date (11) 4/16/2019 | | | | | | | |
| 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 Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | | | | | |
| | | Street Address 1123 BEAVER STREET | | | | | | |
| | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input 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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Material Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Encapsulate | Enclosure |
| Basement HSB/Store room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 195 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Air Dryer Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Ventilating Equip. Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 532 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 11 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State YARDLEY, PA | | Disposal Date TBD | | City, State WAYNESBURG, OH | | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick T. DeCaro</i> | | | Date 2/22/2019 | | |

PAID

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

chk # 3559

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Date of Notification (1) 3 / 21 / 19 | | Name of Building Owner/Operator (2) Hackettstown Board of Education | | RECEIVED APR 21 2019 NJ DEPT. OF ENVIRONMENTAL PROTECTION LICENSING | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-4/18/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 120 North Warren Street | |
| | | | | | | City, State, Zip Code Hackettstown, NJ 07840 | |
| | | | | | | Name of Contact Gail Woickowski | |
| | | | | Telephone Number 908-852-2800 | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown High School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | |
| Street Address 599 Warren Street | | | Square Feet +75,000 | | | | |
| City (5) Hackettstown | | | # of Floors +2 | | | | |
| County (6) Warren | | | Bldg. No. +5 | | | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) High School | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc | | ASCM No. 00030 | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | City, State, Zip Code BRISTOL, PA 19007 | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | License No. 00509 | | | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone No. 609-392-4200 | | Telephone No. 215-788-6040 | | | |
| Start Date (10) 4 / 22 / 19 | | Scheduled Completion Date (11) 5 / 18 / 19 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM:3:30PM-12:00AM | | | Street Address 1123 BEAVER STREET | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | City, State, Zip Code BRISTOL, PA 19007 | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | |
| Auditorium | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Acoustic Ceiling Plaster | | | |
| Auditorium North Mech. Closets | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Acoustic Wall Plaster | | | |
| Auditorium West Mechanical Closet | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | Pipe Fitting Insulation | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | | |
| City, State YARDLEY, PA | | Disposal Date TBD | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State WAYNESBURG, OH | | Signature Dillan DeCaro | | Date 4-18-19 | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | | Date 4-18-19 | | | |

* 4/22 - 4/26 work times will be 7:00am - 3:30pm

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

RECEIVED
APR 23 2019

| | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 3 / 21 / 19 | | Name of Building Owner/Operator (2) Hackettstown Board of Education | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-4/11/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 120 North Warren Street | | | | | | | |
| | | City, State, Zip Code Hackettstown, NJ 07840 | | | | | | | |
| | | Name of Contact Gail Woicekowski | Telephone Number 908-852-2800 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 599 Warren Street | | Square Feet +75,000 | # of Floors +2 | | | | | | |
| City (5) Hackettstown | | Bldg. / e +51 | | | | | | | |
| County (6) Warren | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) High School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc | | ASCM No. 00030 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone No. 609-392-4200 | License No. 00509 | | | | | | |
| Start Date (10) ON HOLD | Scheduled Completion Date (11) ON HOLD | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 3:30PM-12:00AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code BRISTOL, PA 19007 | | | | | | | | | |
| 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | | Encapsulate | Enclosure |
| | Yes | No | N/A | | | Removal | Repair | | |
| Auditorium | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Acoustic Ceiling Plaster | 6,300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auditorium North Mech. Closets | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Acoustic Wall Plaster | 600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auditorium West Mechanical Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Fitting Insulation | 10 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State YARDLEY, PA | | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature <i>Dillan DeCaro</i> | | | Date 4-11-19 | | | |

ASB-41
JAN 13 **DD19014-5068**

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

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



| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) <div style="text-align: center;">3 / 21 / 19</div> | | Name of Building Owner/Operator (2) Hackettstown Board of Education | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/26/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 120 North Warren Street | |
| | | City, State, Zip Code Hackettstown, NJ 07840 | |
| | | Name of Contact Gail Woickowski | Telephone Number 908-852-2800 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 599 Warren Street | | Square Feet +75,000 | # of Floors +2 |
| City (5) Hackettstown | | Bldg. +5 | |
| County (6) Warren | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) High School | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc | | ASCM No. 00030 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone No. 609-392-4200 | License No. 00509 |
| Start Date (10) <div style="text-align: center;">4 / 15 / 19</div> | Scheduled Completion Date (11) <div style="text-align: center;">5 / 12 / 19</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 3:30 PM - 12:00 AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| Auditorium | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Auditorium North Mech. Closets | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Auditorium West Mechanical Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Name of Registered Landfill MINERVA LANDFILL |
| City, State YARDLEY, PA | | Disposal Date TBD | City, State WAYNESBURG, OH |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature <i>Dillan DeCaro</i> | Date 3-26-19 |

ASB-41
JAN 13 DP19014-Sub 8

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

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

Chk #3538

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APR 23 19
ASBESTOS ABATEMENT LICENSING

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------|
| Date of Notification (1) 3 / 21 / 19 | | | Name of Building Owner/Operator (2) Hackettstown Board of Education | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 120 North Warren Street City, State, Zip Code Hackettstown, NJ 07840 | | | |
| | | | Name of Contact Doug DeMatteo | | | |
| | | | Telephone Number 908-852-2800 | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown High School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | |
| Street Address 599 Warren Street | | | | | | |
| City (5) Hackettstown | | Square Feet +75,000 | # of Floors +2 | Bldg. Area +50 | | |
| County (6) Warren | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) High School | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc | | ASCM No. 00030 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | | |
| Start Date (10) 4 / 15 / 19 | | Scheduled Completion Date (11) 5 / 12 / 19 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 3:30 PM - 12:00 AM | | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | |
| Scope of Work (Check all that apply) | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | |
| | Yes | No | | | N/A | Removal |
| Auditorium | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Acoustic Ceiling Plaster | 6,300 SF | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Auditorium North Mech. Closets | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Acoustic Wall Plaster | 600 SF | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Auditorium West Mechanical Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Fitting Insulation | 10 LF | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | |
| City, State YARDLEY, PA | | | Disposal Date TBD | City, State WAYNESBURG, OH | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature <i>Dillan DeCaro / gn</i> | | Date 3-20-19 | |

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

RECEIVED
APR 23 2019

OK 11223 PAID

| Date of Notification (1) 4 / 15 / 19 | | Name of Building Owner/Operator (2) State of NJ Department of Treasury / Job #1810-5404 Check#112 | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 50 Barrack Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Mike Wilson Telephone Number 609-512-2345 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Executive State 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 125 West State Street | | Square Feet | | | | | | | |
| City (5) Trenton, NJ | | # of Floors | | | | | | | |
| County (6) Mercer | | Bldg. # | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering | | ASCM No. | | | | | | | |
| Street Address 300 Kimball Drive | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Telephone No. 973-560-4900 | | Telephone No. 609-265-2107 | | | | | | | |
| Start Date (10) 4 / 12 / 19 | | License No. 00529 | | | | | | | |
| Scheduled Completion Date (11) 4 / 26 / 19 | | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>wrap & cut</i> <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 | | Encapsulate | Enclosure |
| | Yes | No | N/A | | | Removal | Repair | | |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing Material | 600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Caulk | 200 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Risers | 14 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Risers | 28 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 4/26/19 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>[Signature]</i> | | Date 4-15-19 | | | |

PAID

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

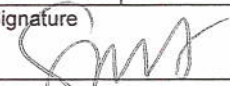
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APR 23 2019

OK 112200

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 4 / 15 / 19 | | Name of Building Owner/Operator (2) NJ Department of Transportation / Job #1806-5337 Check #1122 | | | | | |
| 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 PO Box 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Sheryl N Quatermas | | | | | |
| | | Telephone Number 609-530-5472 | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mays Landing Maintenance Yard | | 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 5837 Apple Street | | Square Feet | | | | | |
| City (5) Mays Landing | | # of Floors | | | | | |
| County (6) Atlantic | | County Code (7) (STATE USE ONLY) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | |
| Street Address 120 North Warren Street | | Street Address 30 Maple Ave. PO Box 25 | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | |
| Project Manager for Monitoring Firm Rollie Jones | | Telephone No. 609-392-4200 | | | | | |
| Start Date (10) 5 / 6 / 19 | | Scheduled Completion Date (11) 5 / 20 / 19 | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Name of OSHA Monitor EMSL Analytical | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| Building 1574 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Flue Cement | 2 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Building 1574 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 370 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Building 1574 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Caulk | 150 LF | <input checked="" 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | |
| City, State Lumberton, NJ | | Disposal Date 5/20/19 | | City, State Tullytown, PA | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>Gwendolyn Trumbetti</i> | | Date 4-15-19 | |

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

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APR 23 2019

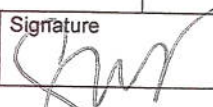
| Date of Notification (1) <u>4</u> / <u>17</u> / <u>19</u> | | | Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #11163 | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 101 North 3rd Street City, State, Zip Code Millville, NJ 08332 Name of Contact Stephanie DeRose | | | | | |
| | | | | Telephone Number 856-327-6040 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Millville Senior High School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 200 North Wade Blvd. | | | | | | | | | |
| City (5) Millville | | | Square Feet 200,000 | # of Floors 2 | Bldg. / e 50+ | | | | |
| County (6) Cumberland | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Education | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc. | | ASCM No. 00100 | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | |
| Street Address 1805 Atlantic Avenue | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Manasquan, NJ 08736 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Gary W. Fleming | | Telephone No. 732-223-2225 | | Telephone No. 609-265-2107 | License No. 00529 | | | | |
| Start Date (10) <u>4</u> / <u>15</u> / <u>19</u> | | Scheduled Completion Date (11) <u>5</u> / <u>1</u> / <u>19</u> | | Name of OSHA Monitor EMSL Analytical | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/3:30PM-12AM</u> | | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | Encapsulate | Enclosure |
| | Yes | No | N/A | | | Removal | Repair | | |
| B101 & B103 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gray caulk & fibrous caulk backer | 100 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"/> |
| B101 & B103 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cove base mastic | 42 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B101 & B103 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Transom Panels | 24 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | | | Disposal Date 5/1/19 | City, State Tullytown, PA | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | | Date 4-17-19 | | | |

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APR 23 2019

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

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APR 23 2016
ASBESTOS ABATEMENT
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 4 / 17 / 19 | | Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1903-5454 Check # | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 10 Legion Place- Building A | |
| | | City, State, Zip Code Morristown, NJ 07960 | |
| | | Name of Contact John Beirne | Telephone Number 609-444-9922 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) JCP&L | | 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 build homes, etc.) | |
| Street Address 31 Park Street | | | |
| City (5) Florham Park, NJ | | Square Feet | # of Floors |
| County (6) Morris | | Current Use (Prior if being demolished) Substation | |
| Name of Monitoring Firm Hired by Building Owner (8) NA | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. |
| Street Address | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm | | Telephone No. 609-265-2107 | License No. 00529 |
| Start Date (10) 4 / 15 / 19 | Scheduled Completion Date (11) 4 / 26 / 19 | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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) |
| | Yes | No | |
| Exterior Pole#JC58A377.42 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos risers |
| | <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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 2 |
| City, State Lumberton, NJ | | Name of Registered Landfill G.R.O.W.S. Landfill | |
| | | Disposal Date 4/26/19 | City, State Tullytown, PA |
| Completed By (Print or Type) Gwen Trumbetti | Title Operations Coordinator | Signature  | Date 4-17-19 |

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



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| Date of Notification (1) 4/17/19 | | Name of Building Owner/Operator (2) NJDPMC | | | | | |
| Agencies Notified | Type Notification | Street Address 33 West State St. | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Trenton, NJ | | | | | |
| | | Name of Contact Regina Bruno | Telephone Number 609-433-8745 | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION | | 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 building etc.) | | | | | |
| Street Address 39 Belmont Ave. | | Square Feet 1,700 | # of Floors 2 | | | | |
| City (5) South River, NJ | | Block 50 | Age | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Abandoned, BLUE ACRES | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Group, Inc. | | | | |
| Street Address | | Street Address 135 Kinnelon Rd. | | | | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 908-218-0880 | | | | |
| Start Date (10) 4/22/19 | | Scheduled Completion Date (11) 5/1/19 | License No. 01228 | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Yannuzzi Group, Inc. | | | | | |
| | | Street Address 135 Kinnelon Rd. Suite 102 | | | | | |
| | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | | | | | |
| 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) | Removal | Encapsulation | Enclosure |
| | Yes | No | | | | | |
| Entire interior plaster walls | | | x | Plaster walls | 1800 sf | x | |
| over furnace | | | x | transite | 20 sf | x | |
| crawl space | | | x | thermal pipe insulation | 15 lf | x | |
| Kitchen | | | x | linoleum | 180 sf | x | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 40 | Name of Registered Landfill Grows Fairless | | | |
| City, State Kinnelon, NJ | | | Disposal Date 5/2/19 | City, State Morrisville, PA | | | |
| Completed by John Mucha | | Title AHERA Project Designer | Signature <i>John Mucha</i> | | Date 4/17/19 | | |

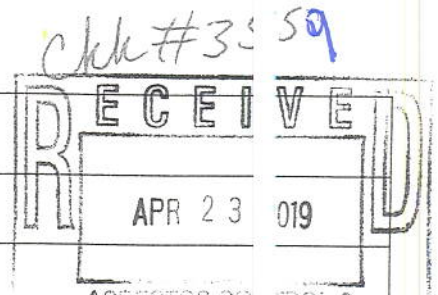
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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RECEIVED
 APR 23 2019

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| Date of Notification (1) 4/17/19 | | Name of Building Owner/Operator (2) NJDPMC | | | | | |
| Agencies Notified | Type Notification | Street Address 33 West State St. | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Trenton, NJ | | | | | |
| | | Name of Contact Regina Bruno | Telephone Number 609-433-8745 | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION | | Type of Facility (4) | | | | | |
| Street Address 23 Belmont 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) South River, NJ | | Square Feet 1,900 | # of Floors 2 1/2 | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Abandoned, BLUE ACRES | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Group, Inc. | | | | |
| Street Address | | Street Address 135 Kinnelon Rd. | | | | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 908-218-0880 | | | | |
| Start Date (10) 4/25/19 | | Scheduled Completion Date (11) 5/1/19 | License No. 01228 | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Yannuzzi Group, Inc. | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 135 Kinnelon Rd. Suite 102 | | | | | |
| Scope of Work (Check All That Apply) | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| <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 Process | | | | | | | |
| 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) | Removal | Abatement type |
| | Yes | No | N/A | | | | |
| Stairwell to attic | | | x | Plaster walls | 160 sf | x | |
| exterior siding | | | x | transite | 2,500 sf | x | |
| | | | x | | | | |
| | | | x | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows Fairless | | | |
| City, State Kinnelon, NJ | | Disposal Date 5/2/19 | | City, State Morrisville, PA | | | |
| Completed by John Mucha | | Title AHERA Project Designer | Signature <i>John Mucha</i> | | Date 4/17/19 | | |

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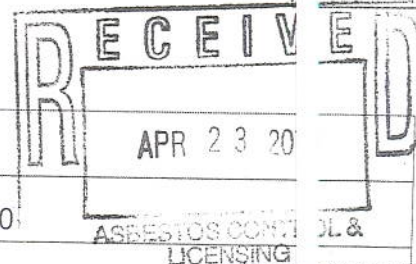
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|-------------------------------------|
| Date of Notification (1) 4 / 18 / 19 | | Name of Building Owner/Operator (2) South Jersey Gas | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 142 S. Main Street City, State, Zip Code Glassboro, NJ 08028 Name of Contact Collin Woomer Telephone Number 609-204-0646 | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) South Jersey Gas | | 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 142 S. Main Street | | Square Feet | # of Floors | | | |
| City (5) Glassboro | | Bldg Age | | | | |
| County (6) Gloucester | | County Code (7) (STATE USE ONLY) | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Hazards, Inc | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | |
| Street Address 617 Stokes Rd | | Street Address 1123 BEAVER STREET | | | | |
| City, State, Zip Code Medford, NJ 08055 | | City, State, Zip Code BRISTOL, PA 19007 | | | | |
| Project Manager for Monitoring Firm Mark Rubnitz | | Telephone No. 888-715-2211 | License No. 00509 | | | |
| Start Date (10) 5 / 3 / 19 * | | Scheduled Completion Date (11) 5 / 6 / 19 | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | |
| | Yes | No | | | N/A | Removal |
| Office Vestibule | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 135 SF | <input checked="" type="checkbox"/> |
| Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 192 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"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill FAIRLESS LANDFILL | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State FAIRLESS HILLS, PA | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro / gpk | | Date 4-18-19 |

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MAY 11 10:47

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

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




| Date of Notification (1) 4/18/19 | | 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 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 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) <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 etc.) | | | | | | |
| Street Address 1750 Deptford Center Road | | Square Feet 150000 | # of Floors 2 | | | | | |
| City (5) Deptford Township | | Bldg. / 30+ | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) vacant | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation | | ASCM No. | Name of Abatement Contractor (9) Associated Speciality Contracting Inc | | | | | |
| Street Address 317 Morgan Hill Street | | Street Address 98 LaCruce 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 | Telephone No. 610-364-9622 | | | | | |
| Start Date (10) 5/7/19 | | Scheduled Completion Date (11) 6/28/19 | License No. 01103 | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Synertech | | | | | | |
| | | Street Address 2206 S Broad St | | | | | | |
| | | 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | | Endorsement |
| | Yes | No | N/A | | | Removal | Repair | |
| Auto Center Roof | x | | | roofing | 8400 sf | x | | |
| Auto center sales area | x | | | vat | 400sf | x | | |
| Main Building | x | | | Duct Insulation | 90sf | x | | |
| Main Building 1st and 2nd | x | | | floor mastic | 23500sf | x | | |
| Name of Registered Waste Hauler Mercer Group International | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 200 | Name of Registered Landfill Tulleytown Resources Recovery L | | | | |
| 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 <i>Jack Tomasura</i> | Date 4/18/19 | | | | |

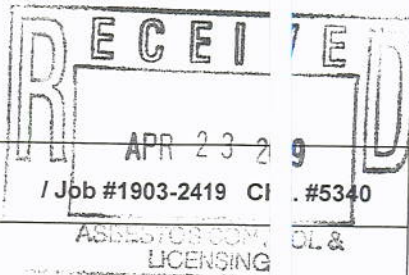
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
APR 23 2019

OK5341 PAID

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Date of Notification (1) 4 / 16 / 19 | | Name of Building Owner/Operator (2) New Jersey State Police | | Job #1904-2428 Ch #5341 | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address PO Box 7068 - Facility & Maintenance Unit - Bldg. 17 City, State, Zip Code West Trenton, NJ 08628 Name of Contact Lt. Jeff Poedubicky Telephone Number 609-882-2000 x2556 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) South lab | | | 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 3434 South White Horse Pike | | | Square Feet 8128 | | |
| City (5) Hammonton | | | # of Floors 1 | | Bldg. 50 |
| County (6) Atlantic | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) State Police Barricks | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental | | ASCM No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | |
| Street Address 617 Stokes Road | | Street Address 3859 Sylon Boulevard | | | |
| City, State, Zip Code Medford, NJ 08055 | | City, State, Zip Code Hainesport, NJ 08036 | | | |
| Project Manager for Monitoring Firm Mark Rubnitz | | Telephone No. 888-715-2211 | | Telephone No. 609-702-0400 License No. 00862 | |
| Start Date (10) 9 / 24 / 15 | | Scheduled Completion Date (11) 9 / 25 / 15 | | 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 U.S. 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 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 | | | |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows/Fittings with Pipe Insulation | 8 each |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows/Fittings with Pipe Insulation | 17 eac |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 02265 | | Cubic Yards of Waste 5 | |
| City, State Morrisville, PA | | Disposal Date 4/26/19 | | Name of Registered Landfill ACUA | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  Date 4-16-19 | |

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



| Date of Notification (1) 3 / 29 / 19 | | Name of Building Owner/Operator (2) United Family and Children Society | | Job #1903-2419 CI #5340 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|--------------------------|
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 305 West 7th Street City, State, Zip Code Plainfield, NJ 07060-1511 | | | |
| Name of Contact Tom Reedy | | | | Telephone Number 908-755-4848 | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) United Family and Children Society | | | | 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 305 West 7th Street | | | | Square Feet 3,000 | # of Floors 3 | | |
| City (5) Plainfield, NJ | | | | Bldg Age 19 | 5 | | |
| County (6) Union | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Commerical | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc | | ASCM No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | |
| Street Address 617 Stokes Road | | Street Address 3859 Sylon Boulevard | | | | | |
| City, State, Zip Code Medford, NJ 08055 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | |
| Project Manager for Monitoring Firm Rebecca Rubnitz | | Telephone No. 888-715-2211 | | Telephone No. 609-702-0400 | License No. 00862 | | |
| Start Date (10) 4 / 20 / 19 | | Scheduled Completion Date (11) 4 / 20 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| Main area & Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ductwork | 45 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Back Area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Aircell Duct Wrap | 8 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central | | |
| City, State Lafayette, NJ | | Disposal Date 4/20/19 | | City, State Penn Argyle, PA | | | |
| Completed By (Print or Type) Kaysi Gruner | | Title Office Assistant | | Signature | | Date 4-15-19 | |

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

RECEIVED
APR 23 2019
ASBESTOS CONTROL
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| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) <u>04</u> / <u>18</u> / <u>2019</u> | | Name of Building Owner/Operator (2) Joshua Ricca | |
| 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 Fanwood, N.J. 07023 Name of Contact Joshua Ricca Telephone Number | |

FACILITY INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Ricca 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 1548 | # of Floors 2 |
| City (5) Fanwood | | Bldg. Age 81 | |
| County (6) Union | County Code (7)(STATE USE ONLY) 2005 | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) Acme Professional Services Corp |
| Street Address | | Street Address 550 Rifle Camp Rd | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park NJ 07424 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-938-5266 | License No. 02003 |
| Start Date (10) <u>04</u> / <u>29</u> / <u>2019</u> | Scheduled Completion Date (11) <u>05</u> / <u>10</u> / <u>2019</u> | Name of OSHA Monitor Arsenije Adamov | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 550 Rifle Camp Rd 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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 | |
| Attic Play Room/Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Vermiculite Insulation | 650 | <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 Acme Professional Services Corp | | NJDEP Waste Hauler ID No. 0038176 | Cubic Yards of Waste 10 | Name of Registered Landfill Fairless Landfill | |
| City, State 550 Rifle Camp Rd Woodland Park NJ 07424 | | | Disposal Date 05-01-2019 | City, State Morrisvilles, P.A. | |
| Completed By (Print or Type) Arsenije Adamov | Title President | Signature arsenije adamov | | Date 04-18-201 | |

Cancelled

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

4/17/19

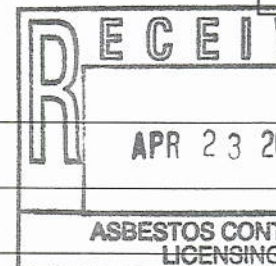
0500

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|
| Date of Notification (1) 4/8/19 | | Name of Building Owner/Operator (2) Transcontinental Gas Pipeline Co, LLC | | RECEIVED APR 23 2019 ASBESTOS CONTRACT LICENSING 918-573-5000 | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address PO Box 2400, MD 46 City, State, Zip Code Tulsa, OK 74102 Name of Contact N/A | | | |
| Name of Facility Where Abatement is Taking Place (3) Williams Transco Station 240 | | 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, etc.) | | | | | | | |
| Street Address 718 Paterson Plank Rd | | City (5) Carlstadt, NJ | | Square Feet 0 | | # of Floors 0 | | Bldg. A 0 | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) LNG Tank Farm | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC | | | | | |
| Street Address | | | | Street Address 2400 Main Street Extension, 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) 4/22/19 | | Scheduled Completion Date (11) 4/24/19 | | 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>Outdoor Pine rack</u> | | | | Show Desktop.scf | | Street Address 64 Broad St | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Matawan, NJ 07747 | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type Removal Repair | |
| Boiloff Gas Pipe Tank 2 | | X | | Thermal Insulation Mastic | | 12 | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 3 | | Name of Registered Landfill Waste Management | | | |
| City, State 609 N Union Ave, Hillside, NJ 07205 | | | | Disposal Date 4/24/19 | | City, State Morrisville NJ | | | |
| Completed by Michael Migliore | | Title Sr Account Manager | | Signature <i>Michael Migliore</i> | | Date 4/8/19 | | | |

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



Print Form

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------|
| Date of Notification (1) 4/19/19 | | Name of Building Owner/Operator (2) Flora Massi | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | |
| | Street Address [REDACTED] | | |
| | City, State, Zip Code Saddle Brook, NJ 07663 | | |
| | Name of Contact Flora Massi | | Telephone Number |

FACILITY INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential 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, etc.) | |
| Street Address [REDACTED] | | Square Feet 1900 | # of Floors 2 |
| City (5) Saddle Brook | | Bldg. Area 65 +/- | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential Home | |
| Name of Monitoring Firm Hired by Building Owner (8) Project Manager | | ASCM No. | Name of Abatement Contractor (9) All Stages Abatement |
| Street Address | | Street Address 280 N. Midland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Saddle Brook, NJ 07663 | |
| Project Manager for Monitoring Firm | | Telephone No. 201-600-3184 | License No. 01305 |
| Start Date (10) 4/22/19 | Scheduled Completion Date (11) 4/26/19 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M. | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

| | | |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> 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) <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 | | Enclosure |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-----------|
| | Yes | No | N/A | | | Removal | Repair | |
| Main Basement Area | | x | | VAT | 552 SF | x | | |
| Bathroom | | x | | VAT | 40 SF | x | | |
| Stairs | | x | | VAT | 52 SF | x | | |

| | | | | | |
|---------------------------------------------------------|--|--------------------------------------|------------------------------|----------------------------------------------------------------|--|
| Name of Registered Waste Hauler All Stages Abatement | | NJDEP Waste Hauler ID No. 0036592 | Cubic Yards of Waste 5 yd | Name of Registered Landfill Grand Central Sanitary Landfill | |
| City, State Saddle Brook, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | |
| Completed by Richard Cristofol | | Title President | Signature | Date 4/19/19 | |

CH 4326
D&S Proj. #: 19-69

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

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| APR 23 2019 |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|---------------------------|
| Date of Notification (1) 10/14/12 | | Name of Building Owner/Operator (2) andrea sheeran | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address [REDACTED] | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code NUTLEY, NJ 07110 | |
| | | Name of Contact andrea sheeran | Telephone Number _____ |

FACILITY INFORMATION

| | | | | |
|------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of facility where abatement is taking place (3) andrea sheeran | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address [REDACTED] | | | Square Feet | # of Floors |
| City (5) NUTLEY | County (6) essex | County Code (7) (State use only) | Bldg. Age | |
| Current Use (Prior if being demolished) | | | | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED] | | ASCM No. [REDACTED] | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address [REDACTED] | | Street Address 20 California Ave. | | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm [REDACTED] | | Phone Number [REDACTED] | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 04/13/19 | | Sched. Completion Date (11) 05/17/19 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | |

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|
| | Yes | No | N/A | | | |
| outside crawl space | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 30 L FT | <input checked="" type="checkbox"/> |
| basement closet | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 2 fittings | <input checked="" type="checkbox"/> |
| BASEMENT BOILER ROOM | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 4 sq ft | <input checked="" type="checkbox"/> |
| basement closet | | <input checked="" type="checkbox"/> | | vat | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |

| | | | | | |
|----------------------------------------------------|--|---------------------------|-------------------------------|-------------------------------------------------------------|------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 04/15/19 | | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | Signature _____ | | Date 04/12/19 |

| | Encap | Encl |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Ch 006150

D&S Proj. #: 19-68

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

| | |
|------------------------------|--|
| RECEIVED | |
| APR 23 2019 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 10/14/11 12/1/19 | | Name of Building Owner/Operator (2) nate gorhem | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code glen rock, nj 07452 | |
| Name of Contact rob hearn | | Telephone Number | |

FACILITY INFORMATION

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of facility where abatement is taking place (3) nate gorhem | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address [REDACTED] | | | Square Feet | # of Floors |
| City (5) glen rock | County (6) bergen | County Code (7) (State use only) | Bldg. Age | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 04/24/19 | Sched. Completion Date (11) 05/15/19 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | |
| | | | City, State, Zip Code Paterson, NJ 07503 | |

| | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|
| 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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Encap | Encl |
| | Yes | No | N/A | | | | | |
| basement | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 90 l ft | <input checked="" type="checkbox"/> | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | |
| City, State PATERSON, NJ 07503 | | Disposal Date 04/25/19 | | City, State TULLYTOWN, PA | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | | Date 04/12/19 | |

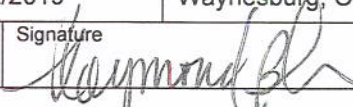
CH 1630

PAID

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

Print Form

| |
|------------------------------|
| RECEIVED |
| APR 23 2019 |
| ASBESTOS CONTROL & LICENSING |

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|---------|
| Date of Notification (1) April 15, 2019 | | Name of Building Owner/Operator (2) Nassau Residence | | | | |
| Agencies Notified | Type Notification | Street Address | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ramsey, NJ 07446 | | | | |
| | | Name of Contact John DiPeri | Telephone Number [REDACTED] | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Nassau 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, etc.) | | | | |
| City (5) Ramsey | | Square Feet 2333 | # of Floors 2 | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | Bldg. Area 55 | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories | | Current Use (Prior if being demolished) Residence | | | | |
| Street Address 2333 US Highway 22 West | | Name of Abatement Contractor (9) Unipro Environmental LLC | | | | |
| City, State, Zip Code Union, NJ 07083 | | Street Address 2744 Hylan Blvd #200 | | | | |
| Project Manager for Monitoring Firm Thomas Mcwatters | | Telephone No. 908-206-0073 | Telephone No. 718-273-1122 | | | |
| Start Date (10) April 25, 2019 | | Scheduled Completion Date (11) May 2, 2019 | License No. 01324 | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Unipro Environmental LLC | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2744 Hylan Blvd #200 | | | | |
| | | City, State, Zip Code Staten Island, NY 10306 | | | | |
| Scope of Work (Check All That Apply) | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| 1st floor | | x | | VAT | 700 SF | x |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW2105 | Cubic Yards of Waste 20 | Name of Registered Landfill Minerva Enterprises | | |
| City, State Shirley, NY 11967 | | Disposal Date 5/2/2019 | | City, State Waynesburg, OH 44688 | | |
| Completed by Raymond Blum | | Title Operations Manager | Signature  | Date April 15, 2019 | | |

| | | | |
|------------|-------------------------------------------------------------------------------|------------------|----------------------------------------|
| ESD | PRINCETON PLASMA PHYSICS LABORATORY Environmental Services Division | PROCEDURE | No. EM-OP-01 Rev 8 Page 11 of 16 |
|------------|-------------------------------------------------------------------------------|------------------|----------------------------------------|

NOCK

Attachment I
Notification of Asbestos Abatement
Page 1 of 2

| | |
|-----------------------------------------|--|
| RECEIVED | |
| APR 23 2019 | |
| Notification No. _____ | |
| ASBESTOS CONTROL & LICENSING | |

| | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator No. _____ | Postmark Date _____ | Date Received _____ |
| Type of Notification Agencies Notified Type of Operation | <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NJDOL <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Removal | <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> NJDCA <input type="checkbox"/> NJDOH <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency removal |
| Is Asbestos Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|-----------------------------------------------------|-----------------------|----------------------------|
| Scheduled dates of asbestos removal (DD/MM/YY) | Start date: 05/4/2019 | Date Completed: 05/11/2019 |
| Schedules dates of demolition renovation (DD/MM/YY) | | |

| | | | |
|------------------------------------------------|-------------------------|-------------------------------------------|-------------------------|
| Facility: | | Building Name: Lab Wing | |
| Owner Name: USDOE Princeton Plasma Physics Lab | | Address: 100 Stelarator Road | |
| City: Princeton | State: NJ | City: Princeton | State: NJ |
| Zip: 08543 | Zip: 08543 | Site Location: Cal Lab, Shop 107 and 107A | County code (NJDEP Use) |
| Contacts: Todd Sandt | Telephone: 609-243-3592 | Size | Floors: 1 |
| | | | Age: 60 |

| | | | | | |
|-----------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Contractors: | | Present use: Office | | Prior use: Same | |
| Removal Contractor: Plymouth Env., Inc. | License No.: 00398 | Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Sub Chapter (other) | | | |
| Address: 923 Haws Ave. | | <input checked="" type="checkbox"/> Other (private, commercial building, home) | | | |
| City: Norristown | State: PA | Occupancy status during abatement (check only one) | | | |
| Contact: Jim Kelly | Telephone: 610-239-9920 | <input checked="" type="checkbox"/> Facility closed/vacated during entire period | | | |
| Monitoring Firm: Briggs Environmental | ASCM No.: 00004 | <input type="checkbox"/> Abatement performed outside of normal hours | | | |
| Address: 3 Crosswicks Street | | Describe: Work performed on weekend. | | | |
| City: Bordentown | State: NJ | Scope of Work: <input type="checkbox"/> Glove bag | | | |
| Project Manager: Mike Hoodak | Telephone: 609-298-5520 | <input type="checkbox"/> Mini enclosure | | | |
| Other Operator or OSHA Monitor | | <input checked="" type="checkbox"/> Full containment with negative pressure | | | |
| Address: | | <input checked="" type="checkbox"/> Large project (>160 sq ft or >260 ft) | | | |
| City: | State: | Zip: | | | |

| Other Information: | | | | Description of ACM (e.g., VAT, thermal, surface, other miscellaneous) | Amount (ft ² or ft) | Abatement Type | | | | Incapsulate |
|-----------------------------|----------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------|
| Location of ACM in Facility | Is area normally used only by Maint/ Custodial Staff? | | | | | Remove | Repair | Enclose | | |
| | Yes | No | N/A | | | | | | | |
| Lab Wing L125 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT / Mastic | 156 ft ² | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lab Wing L126 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT / Mastic | 184 ft ² | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lab Wing West Stairwell | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT / Mastic | 65 ft ² | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Attachment I
Notification of Asbestos Abatement
Page 2 of 2

| Approximate amount of asbestos, including: | | RACM to be removed | Non-friable ACM not to be removed | | Unit of Measure | |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------|--------------------------------------|-------------|-----------------|--------|
| 1. RACM to be removed 2. Category I ACM not to be removed 3. Category II ACM not to be removed | | | Category I | Category II | feet | inches |
| Lab Wing L125 | 1,100 ft² | VAT / Mastic | | | ft² | |
| Lab Wing L126 | | VAT / Mastic | | | ft² | |
| Lab Wing West Stairwell | | VAT / Mastic | | | ft² | |

Transporter(s)

| | | | |
|---------------------------|---------------------------|---------------------|--|
| Waste Transporter 1: | | NJDEP ID No.: 15939 | |
| Freehold Cartage, Inc. | | | |
| Address: 825 Highway 33 | | | |
| City: Freehold | State: NJ | Zip: 07728 | |
| Contact: Benjamin Sanchez | Telephone: (732) 462-1001 | | |

| | | | |
|----------------------|------------|---------------|--|
| Waste Transporter 2: | | NJDEP ID No.: | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | Telephone: | | |

| | | | |
|------------------------|--------------------|-------------|---------------|
| Removal Contractor: | Plymouth Env., Inc | License No. | 00398 |
| Address: 923 Haws Ave. | | | |
| City: | Norristown, PA | State: | PA Zip: 19401 |
| Contact: | Jim Kelly | Telephone: | 610-239-9920 |

If ordered demolition:

| | | |
|-----------------|----------------------|------|
| Name of Agency: | | |
| Address: | Title: | |
| Authority: | State: | Zip: |
| Date of Order: | Date Order to Begin: | |

Procedure (including analytical method, if appropriate) used to detect presence of Asbestos:

I certify that an individual trained in the provisions of this regulation (40CFR61, Subpart M) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Signature of Owner/Operator

Date

Todd Sandt

4/19/2019

Registered Landfill

| | | | |
|---------------------------------------------|-----------|-------------|-------|
| Name of Registered Landfill: GROWS North La | | | fill |
| Address: 1000 New Ford Mill Road | | | |
| City: Morrisville | State: PA | Zip: | 19065 |
| Date of disposal | TBD | Cubic Yards | TBD |

If Emergency

Hour & date of Event:

Description of Event:

Explanation of unsafe conditions, equipment damage, and financial burden:

Procedure to be followed in the event that unexpected asbestos is found or non-friable ACM becomes friable, pulverized, or reduced to powder:

I certify that the information contained on this form is correct

Signature of Owner/Operator

Date

Todd Sandt

4/19/2019

B & G proj. #:

2019-78

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

Check # 9231

Date of Notification (1)

04/16/19

Name of Building Owner/Operator (2)

Ahmer Khan

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Ahmer Khan

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APR 23 2019

ASBESTOS CONTR

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Ahmer Khan

Street Address

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

04/26/2019

Sched. Completion Date (11)

04/27/2019

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ wrap & cut☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Repair

Encap

Encl

basement

☐☐☒

pipe insulation

63 lf

☒

basement

☐☐☒

fittings

4 fittings

☒Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
04/27/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

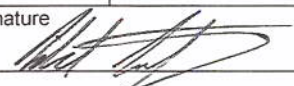
Gordana Luna

Date
04/16/2019

CH 2071

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

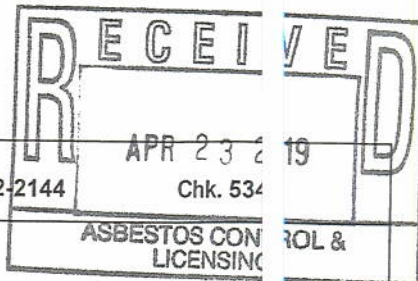
| | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div style="font-size: 4em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> | <div style="font-size: 1.5em; font-weight: bold;">APR 23 2019</div> |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|--------|-----------|
| Date of Notification (1) 4/18/19 | | Name of Building Owner/Operator (2) Anastasia Lanouette | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Glen Rock, NJ 07452 | | | | | | |
| | | Name of Contact Anastasia Lanouette | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential 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 2550 | # of Floors 2 | | | | | |
| City (5) Glen Rock | | Bldg. Age 65 +/- | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential Home | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Project Manager | | ASCM No. | Name of Abatement Contractor (9) All Stages Abatement | | | | | |
| Street Address | | Street Address 280 N. Midland Ave. | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Saddle Brook, NJ 07663 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-600-3184 | License No. 01305 | | | | | |
| Start Date (10) 4/29/19 | Scheduled Completion Date (11) 5/2/19 | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M. | | Street Address | | | | | | |
| | | City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | Enclosure |
| | Yes | No | N/A | | | Removal | Repair | |
| Kitchen | | X | | VAT | 381 SF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler All Stages Abatement | | NJDEP Waste Hauler ID No. 0036592 | Cubic Yards of Waste 5 yd | Name of Registered Landfill Grand Central Sanitary Landfill | | | | |
| City, State Saddle Brook, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | |
| Completed by Richard Cristofol | | Title President | | Signature  | | Date 4/18/19 | | |

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

CH 5342

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



| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|--------------------------|
| Date of Notification (1) 4 / 18 / 19 | | Name of Building Owner/Operator (2) A&H Partnership, LLC Job #1612-2144 | | APR 23 2019 Chk. 534 | | | |
| 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 69 King Street City, State, Zip Code Dover, NJ 07801 Name of Contact Kirk Harpell Telephone Number 973-989-5000 | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial 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 and commercial buildings, homes, etc.) | | | |
| Street Address 69 King Street Bldg A Ground Floor | | | | Square Feet 217,800 | | | |
| City (5) Dover | | | | # of Floors 4 | | | |
| County (6) Morris | | | | Bldg. No. 101 | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Warehouse | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | ASC No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Boulevard | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215-244-1300 | | License No. 00862 | | | |
| Start Date (10) 4 / 29 / 19 | | Scheduled Completion Date (11) 5 / 2 / 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/ _____ AM | | | | Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Enclosure with Negative Pressure Enclosure <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 |
| Ground Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile | 2,864 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ground Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Double Layer Floor Tile | 430 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ground Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 10 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | | Cubic Yards of Waste 5 | | Name of Registered Landfill Grand Central | |
| City, State Lafayette, NJ | | Disposal Date 5/2/19 | | City, State Penn Argyle, PA | | | |
| Completed By (Print or Type) Kaysi Gruner | | Title Office Assistant | | Signature | | Date 4/17/19 | |

B & G proj. #: 2019-79

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

PAID

Check # 9239

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 04/18/19 | | Name of Building Owner/Operator (2) Daniel Pickett | | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">APR 23 2019</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div> |
| Agencies Notified | | Street Address | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | Name of Contact Daniel Pickett | | |
| Telephone Number | | | | |

FACILITY INFORMATION

| | | | | |
|------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of facility where abatement is taking place (3) Daniel Pickett | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address | | | Square Feet | # of Floors |
| City (5) Fair Lawn, NJ 07410 | | | Bldg. Age | |
| County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address | | | | Street Address 105 Ryerson Road | |
| City, State, Zip Code | | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 04/29/2019 | | Sched. Completion Date (11) 05/02/2019 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | | | Street Address 105 Ryerson Road | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe: | | | | City, State, Zip Code Lincoln Park, NJ 07035 | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|
| | Yes | No | N/A | | | |
| basement | | | <input checked="" type="checkbox"/> | VAT & mastic | 476 sf | <input checked="" type="checkbox"/> |
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|----------------------------------------------------|--|------------------------------|----------------------------------|-------------------------------------------------------|--------------------|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central Landfill | |
| City, State Lincoln Park, NJ | | Disposal Date 05/02/2019 | | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | | Date 04/18/2019 |

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

B & G proj. #: 2019-80

Check # 9240

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 04/18/2019 | | Name of Building Owner/Operator (2) Jessica Montero | | <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="margin-top: 10px;">APR 23 2019</div> <div style="margin-top: 10px; font-weight: bold;">ASBESTOS CONTROL & REMEDIATION</div> |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Bloomfield, NJ 07003 | | |
| | | Name of Contact Jessica Montero | | |
| | | | | Telephone Number |

FACILITY INFORMATION

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|-------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of facility where abatement is taking place (3) Jessica Montero | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address [REDACTED] | | | Square Feet | # of Floors |
| City (5) Bloomfield, NJ 07003 | County (6) Essex | County Code (7) (State use only) | Bldg. Age | |
| | | | Current Use (Prior if being demolished) residential | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address | | | Street Address 105 Ryerson Road | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm | Phone Number | | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 04/29/2019 | Sched. Completion Date (11) 04/30/2019 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 105 Ryerson Road | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | City, State, Zip Code Lincoln Park, NJ 07035 | |

Scope of Work (check all that apply)

| | | | | |
|-----------------------------------------|--------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable | <input type="checkbox"/> 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) | Remove | Repair | Encap | Encl |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 97 lf | <input checked="" type="checkbox"/> | | | |
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|----------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------------------|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 04/30/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 04/18/2019 |

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

B & G proj. #: 2019-81

Check # 9241

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|-----------------------------------------|---------------------------------------------|----------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 04/18/19 | | Name of Building Owner/Operator (2) Lisa Hopper | | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">APR 23 2019</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & ABATEMENT</div> |
| Agencies Notified | Type Notification | Street Address | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | [REDACTED] | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | City, State, Zip Code Bloomfield, NJ 07003 | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Name of Contact Lisa Hopper | | |
| <input checked="" type="checkbox"/> DOH | | | | Telephone Number |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

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|---------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of facility where abatement is taking place (3) Lisa Hopper | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address [REDACTED] | | | Square Feet | # of Floors |
| City (5) Rahway, NJ 07065 | County (6) Union | County Code (7) (State use only) | Bldg. Age | |
| | | | Current Use (Prior if being demolished) residential | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address | | | Street Address 105 Ryerson Road | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm | Phone Number | | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 05/01/2019 | Sched. Completion Date (11) 05/02/2019 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe: | | Street Address 105 Ryerson Road | | |
| | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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|----------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable | <input type="checkbox"/> 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) | Remove | Repair | Encap | Encl |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|--------|-------------------------------------|------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 120 lf | <input checked="" type="checkbox"/> | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe | 15 lf | | | <input checked="" type="checkbox"/> | |
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|----------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------------------|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 5/02/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 04/18/2019 |

B & G proj. #: 2019-82

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

Check # 9242

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| Date of Notification (1) 04/18/19 | | Name of Building Owner/Operator (2) John McCullough | | <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">APR 23 2019</div> <div style="margin-top: 10px; font-size: 0.8em; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div> |
| Agencies Notified | Type Notification | Street Address | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Montclair, NJ 07042 | | |
| | | Name of Contact John McCullough | | |

FACILITY INFORMATION

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of facility where abatement is taking place (3) John McCullough | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address | | | Square Feet | # of Floors |
| City (5) Montclair, NJ 07042 | County (6) Essex | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address | | | Street Address 105 Ryerson Road | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 05/02/2019 | Sched. Completion Date (11) 05/03/2019 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 105 Ryerson Road | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | City, State, Zip Code Lincoln Park, NJ 07035 | |

Scope of Work (check all that apply)

| | | | | |
|----------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable | <input type="checkbox"/> 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) | Remove | Repair | Encap | Encl |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 180 lf | <input checked="" type="checkbox"/> | | | |
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|----------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------------------|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 5/03/2019 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 04/18/2019 |

B & G proj. #: 2019-83

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

Check # 9243


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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|
| Date of Notification (1) 04/18/19 | | Name of Building Owner/Operator (2) Colin Dunn | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 23 2019 ASBESTOS CONTROL & ABATEMENT TELEPHONE NUMBER </div> | | | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | | | | Street Address [REDACTED] | |
| City, State, Zip Code Short Hills, NJ 07078 | | Name of Contact Colin Dunn | | | | Telephone Number | |
| | | | | | | | |

| FACILITY INFORMATION | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------|--|
| Name of facility where abatement is taking place (3) Colin Dunn | | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | | |
| Street Address [REDACTED] | | | | Square Feet # of Floors Bldg. Age | | | |
| City (5) Short Hills, NJ 07078 | | County (6) Essex | | County Code (7) (State use only) | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | ASCM No. | | | | |
| Street Address | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | | | |
| City, State, Zip Code | | | Street Address 105 Ryerson Road | | | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | |
| Phone Number | | | Telephone Number (973)696-6869 | | | | |
| Scheduled Start Date (10) 05/02/2019 | | | License Number 00378 | | | | |
| Sched. Completion Date (11) 05/03/2019 | | | Name of OSHA Monitor B & G Restoration, Inc. | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address 105 Ryerson Road | | | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | |
| Scope of Work (check all that apply) | | | | | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> wrap & cut <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Glovebag procedure <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) | Remove | |
| | Yes | No | N/A | | | | |
| boiler room storage area | | | <input checked="" type="checkbox"/> | pipe insulation | 150 lf | <input checked="" type="checkbox"/> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | | Cubic Yards of Waste 2 | | Name of Registered Landfill Grand Central Landfill | |
| City, State Lincoln Park, NJ | | Disposal Date 5/03/2019 | | City, State Pen Argyl, PA | | | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | | Signature <i>Gordana Luna</i> | | Date 04/18/2019 | |

PAID

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

RECEIVED
APR 23 2019
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) 4/18/2019 | | Name of Building Owner/Operator (2) LANXESS Solutions US Inc. | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|
| Agencies Notified | Type Notification | Street Address 1020 Kings George Post Road | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fords, NJ 08863 | | | | | |
| | | Name of Contact Lisa Daniels | Telephone Number 732-306-4959 | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc. | | 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 1020 Kings George Post Road | | Square Feet | # of Floors | | | | |
| City (5) Fords | | Bldg. Age | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) boiler house piping, processing plant tanks | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC | | | | |
| Street Address 190 Park Avenue | | Street Address 992 Old Eagle School Road, STE 910 | | | | | |
| City, State, Zip Code Morristown, NJ 07960 | | City, State, Zip Code Wayne, PA 19087 | | | | | |
| Project Manager for Monitoring Firm David Tomsey | | Telephone No. 973-538-1110 | Telephone No. 484-581-7428 | | | | |
| License No. 01286 | | | | | | | |
| Start Date (10) 2/18/2019 | Scheduled Completion Date (11) 6/28/2019 | Name of OSHA Monitor Stryker Demolition & Environmental Services, LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: boiler house | | Street Address 992 Old Eagle School Road, STE 910 | | | | | |
| | | City, State, Zip Code Wayne, PA 19087 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| #6 Fuel Line | | X | | Pipe Insulation (TSI) | 197 LF | X | |
| Door Gasket on package boiler | | X | | Other Misc. | 19 LF | X | |
| Ester 2 Area | | X | | Pipe Insulation (TSI) | 480 LF | X | |
| Ester 2 Area | | X | | Surfacing | 250 SF | X | |
| Name of Registered Waste Hauler Horwith Trucks, Inc. | | NJDEP Waste Hauler ID No. SW-1998 | Cubic Yards of Waste 35 | Name of Registered Landfill Cumberland County Landfill | | | |
| City, State Northampton, PA | | Disposal Date 5/10/2019 | | City, State Shippensburg, PA | | | |
| Completed by Mark Klotzbach | | Title Vice President | Signature  | | Date 4/18/2019 | | |