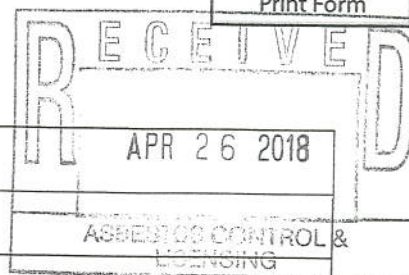


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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/17/18		Name of Building Owner/Operator (2) City of Millville							
Agencies Notified	Type Notification	Street Address 12 South High Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millville, NJ 08332							
		Name of Contact Eric Plackis	Telephone Number 7328997499						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 109 E Main St		<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) Millville		Square Feet 8000	# of Floors 3						
County (6) Cumberland		Bldg. Age 118							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address		Street Address PO Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499	License No. 01196						
Start Date (10) 4/18/18	Scheduled Completion Date (11) 5/16/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				Handling waste of PACM	unknown	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill GROWS Inc.					
City, State Brick, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Eric Plackis		Title President	Signature 	Date 4/17/18					

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

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Date of Notification (1) 04 / 23 / 18		Name of Building Owner/Operator (2) James Enders		APR 26 2018	
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 [REDACTED] City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact James Enders		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet	
City (5) Bloomfield, NJ 07003				# of Floors	
County (6) Essex				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 05 / 02 / 18		Scheduled Completion Date (11) 05 / 03 / 18		Telephone No. 973-638-1777	
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		License No. 01127		Name of OSHA Monitor Envirovision Consultants, Inc	
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe insulation	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
Gr Tech LLC		0033785		TBD	
City, State				Name of Registered Landfill	
Wayne, NJ 07470				T.R.R.F. Inc	
Completed By (Print or Type)		Title		City, State	
N.Jevtic		Owner		Tullytown, PA	
		Signature		Date	
		[Signature]		04/23/18	

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

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Date of Notification (1) <u>4-20-18</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION INC.</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 7TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>					
		Name of Contact <u>FORANIC</u>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <u>SEA ISLE CITY</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>				
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>5-4-18</u>	Scheduled Completion Date (11) <u>5-11-18</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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) <u>2500 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	<u>X</u>	<u>TIRAN SITE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>4-20-18</u>				

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

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Date of Notification (1) <u>4-20-18</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
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 <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>FRANIC</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>SEA ISLE CITY</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>4-31-18</u>	Scheduled Completion Date (11) <u>5-9-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	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) <u>TRANSITE</u>
	X		
			Amount (Specify SF or LF) <u>2000 SF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date _____	City, State <u>WOODBINE N.J.</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>4-20-18</u>

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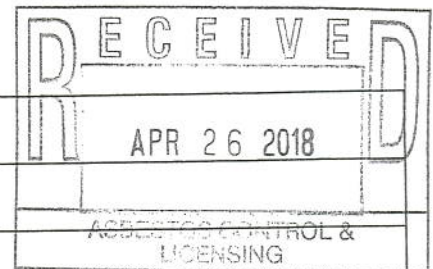
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 4-20-18		Name of Building Owner/Operator (2) JUSTIN CHEEK					
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 OCEAN CITY N.J. 08226					
		Name of Contact JUSTIN	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) OCEAN CITY		Square Feet 1500	# of Floors 2				
County (6) CAPE MAY		Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC					
Street Address _____		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472	License No. #00444				
Start Date (10) 4-30-18	Scheduled Completion Date (11) 5-8-18	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 1500 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C.M.C. MVA			
City, State MAPLE SHADE N.J.		Disposal Date _____		City, State WOODBINE N.J.			
Completed By MICHAEL KLEMM		Title PRES.	Signature <i>[Signature]</i>		Date 4-20-18		

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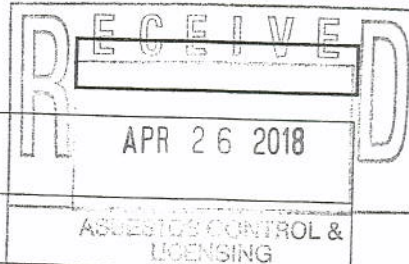
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 42:120)



Date of Notification (1) 4/23/18		Name of Building Owner/Operator (2) Chris Federico Private Home		RECEIVED APR 26 2018 DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
		City, State, Zip Code Long Beach Twp NJ 08008		Name of Contact Chris					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chris Federico Private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Long Beach Twp NJ 08008				Square Feet 1000+	# of Floors 2				
				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House & Garage					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 5/2/18		Scheduled Completion Date (11) 5/8/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 5/8/18	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 4/23/18		

Check#3040

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



Date of Notification (1) 04 / 23 / 18		Name of Building Owner/Operator (2) Kristy Bible	
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 <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Kristy Bible	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City (5) Westfield, NJ 07090		Square Feet	# of Floors
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127	
Start Date (10) 05 / 03 / 18	Scheduled Completion Date (11) 05 / 04 / 18		Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 20-21 Wagaraw Road, Bldg. # 35E		
			City, State, Zip Code Fair Lawn, NJ 07410		

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

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470			Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 04/23/18

ASB-41

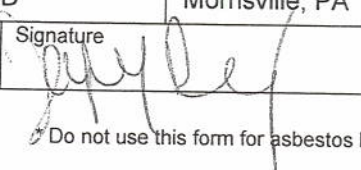
MAY 11

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

Check# 1003

Date of Notification (1) 04/17/2018		Name of Building Owner/Operator (2) Adam Rutkowski		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2018 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"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Annandale, NJ, 08801 Name of Contact Adam Rutkowski							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				Type of Facility (4)					
Street Address 1316 Rt. 31 North				<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) Annandale		Square Feet 4,197	# of Floors 2	Bldg. Age 1970					
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-419-4762	License No. 01355					
Start Date (10) 04/27/2018	Scheduled Completion Date (11) 05/04/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace			X	Pipe Insulation	35 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 04/17/2018			

CK# 5084

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

<h2 style="margin: 0;">RECEIVED</h2> <p style="text-align: right; margin: 0;">Print Form</p>	<p style="font-size: 1.2em; margin: 0;">APR 26 2018</p>
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Date of Notification (1) 4/24/18		Name of Building Owner/Operator (2) REGA Long Branch 2, LLC	
Agencies Notified	Type Notification	Street Address 485 S. 2nd Ave Suite C	
<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 Highland Park, New Jersey 08904	
		Name of Contact Jared	Telephone Number 732 9305000 X205

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rega Property		Type of Facility (4)	
Street Address 375 Bath Ave Building #1		<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) Long Branch	Square Feet 4500	# of Floors 2	Bldg. Age 50+
County (6) Monmouth	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Building
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 5/3/18	Scheduled Completion Date (11) 5/4/18		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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	

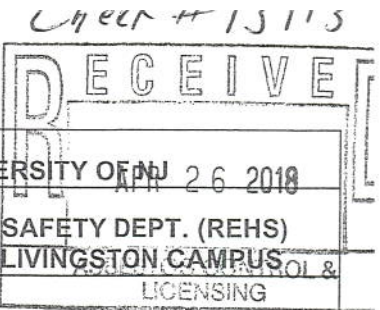
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various areas			X	PROCEEDING	1000	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill Fairless landfill	
City, State Newark, New Jersey		Disposal Date 5/14/18		City, State Tullytown, PA	
Completed by Bree McGuire	Title Secretary/Treasurer	Signature <i>Bree McGuire</i>	Date 4/24/18		

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

GAC Project # 060-18

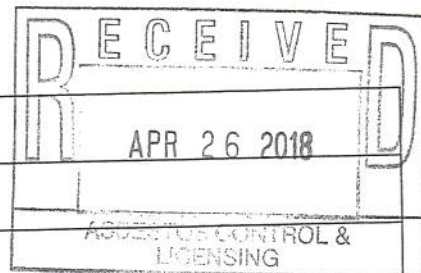


Date of Notification (1) April 20, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JOHNSON APTS, BLDG# 3736		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.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC RESIDENCE	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 04/30/18		Scheduled Completion Date (11) 05/03/18	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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: Schedule: 5PM - 5AM Daily (4 WEEKEND PHASES, 24 HOURS & WEEKENDS AS NEEDED)		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) APT 864	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 120 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 5 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/03/2018	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date April 20, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

CH6734

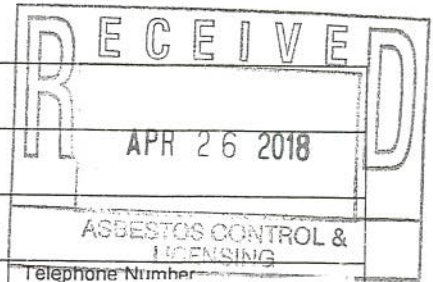
State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:12b)



Date of Notification (1) 4/23/18		Name of Building Owner/Operator (2) Ted & Joanne Fluehr Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Ted	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ted & Joanne Fluehr Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/2/18	Scheduled Completion Date (11) 5/8/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	3500 SF	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 5/8/18	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 4/23/18			

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

Check # 25575



Date of Notification (1) 4/9/2018		Name of Building Owner/Operator (2) Kutzer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Nancy O'Neill							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford, NJ 07016		Square Feet 2500	# of Floors 2						
County (6) Union		Bldg. Age 90 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		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	License No. 00493						
Start Date (10) 4/18/2018	Scheduled Completion Date (11) 4/20/2018		Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	15 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 4/23/2018		City, State Morgantown, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 4/9/18			

CK13115
GAC Project # 060-18

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

PAID

Check # 1311
RECEIVED
APR 26 2018

Date of Notification (1) April 23, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification (1 Work Area) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address NEWARK CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS & LICENSING	
City (5) NEWARK		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) ESSEX		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Group Services LLC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor ENVIROVISION, INC.	
Scheduled Start Date (10) 5/02/18		Scheduled Completion Date (11) 05/14/18	
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: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
City, State, Zip Code FAIRLAWN, NJ 07410			
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
ROOMS 105, 105A, & 107*	<input checked="" type="checkbox"/>	TRANSITE	200 SF
ROOMS 105, 105A, & 107*	<input checked="" type="checkbox"/>	BENCH TOPS	1000 SF
*All In A Single Work Area			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/14/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date April 23, 2018

PAID

RECEIVED
APR 26 2018
ASBESTOS CONTROL & LICENSING

ETS JOB # 5062/18

CHECK # 28750

Date of Notification (1) 4/20/2018		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	241 ERIE STREET, ROOM 236 City, State & Zip Code JERSEY CITY, NJ 07310 Name of Contact MR. RALPH CAMPIONE	
		Telephone Number 973-624-6898	

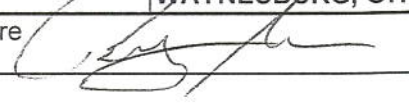
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TERMINAL "B" - SPACE B-2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD		Square Feet 1,100,000	# of Floors 3
City (5) NEWARK	County (6) ESSEX	Bldg. Age 70+	
County Code (7)		Current Use (Prior if being demolished) COMMERICAL - AIRPORT	

Name of Monitoring Firm Hired by Building Owner (8) ATC ASSOCIATES		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.	
Street Address 104 E. 25TH STREET - 10TH FLOOR		Street Address 160 CLAY STREET		
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222		
Project Manager for Monitoring Firm PATRICK SISK	Telephone Number 212-353-8280	Telephone Number 718-706-6300	License Number 00511	

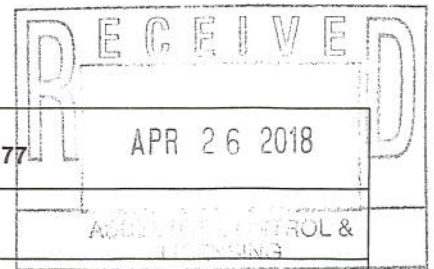
Scheduled Start Date (10) HOLD	Scheduled Completion Date (11) 7/31/2018	Name of OSHA Monitor TESTOR TECH.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM <input type="checkbox"/> Other - Describe:		Street Address 10 59 JACKSON AVENUE	
		City, State & Zip Code LONG ISLAND CITY, NY 11101	

Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) NO	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) FIREPROOFING	Amount (Specify Square Feet or Linear Feet) 1,200 SF	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) FULL CONTAINMENT
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Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING	NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 60	Name of Registered Landfill #1 MINERVA ENTERPRISES, INC.	
City, State 559 TIFFANY STREET, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688	
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 4/20/218	

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



Date of Notification (1) 4 / 23 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1804-5305 Check #10077		APR 26 2018					
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 4000 Hadley Road		ASBESTOS CONTROL & MONITORING					
		City, State, Zip Code South Plainfield, NJ							
		Name of Contact Andrew Puk		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Hope Creek Island			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 299 Alloway Creek Neck Rd.									
City (5) Salem, NJ			Square Feet	# of Floors	Bldg. Age				
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) District Office						
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.	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 5 / 2 / 18		Scheduled Completion Date (11) 6 / 2 / 18		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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	37,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group		NJDEP Waste Hauler ID No. NJD0006920	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Flanders, NJ		Disposal Date 6/2/18	City, State Morrisville, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 4/23/18				

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

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APR 26 2018

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 04/23/2018		Name of Building Owner/Operator (2) Claudia Heisterman							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, Nj, 07013							
		Name of Contact Claudia Heisterman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A							
City (5) Clifton		# of Floors N/A							
County (6) Passaic		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 05/02/2018	Scheduled Completion Date (11) 05/03/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	80 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ			Disposal Date TBD	City, State BRONX, NY					
Completed by Victor Espiritu		Title project manager	Signature <i>Victor Espiritu</i>	Date 04/23/2018					

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ASBESTOS CONTROL & REMEDIATION

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

Date of Notification (1) 04/24/2018		Name of Building Owner/Operator (2) Williams & Rhona Millar	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West orange ,NJ,	
		Name of Contact Rhona Millard	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	
City (5) West Orange		# of Floors N/A	
County (6) ESSEX		Bldg. Age N/A	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) PRIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) EHW ABATEMENET LLC	
City, State, Zip Code		Street Address 89 FRANKLIN STERET	
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON,NJ,07524	
Telephone No.		Telephone No. 973-333-5144	
Start Date (10) 05/04/2018		License No. 01274	
Scheduled Completion Date (11) 05/05/2018		Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 89 FRANKLIN STREET	
		City, State, Zip Code PATERSON ,NJ.07524	

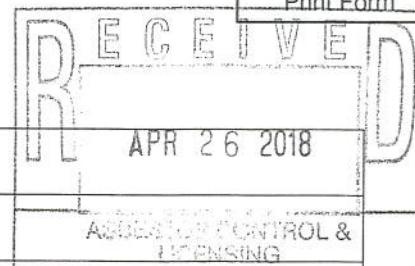
Scope of Work (Check All That Apply)

<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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	300 LF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON,NJ		Disposal Date TBD		City, State BRONX,NY	
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	Signature <i>[Signature]</i>		Date 04/24/2018

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



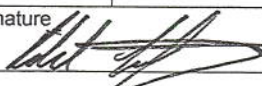
Date of Notification (1) 4/24/18		Name of Building Owner/Operator (2) David Dobbs							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924							
		Name of Contact David Dobbs	Telephone Number [REDACTED]						
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 & commercial buildings, homes, etc.)							
Street Address 113 Morristown Rd.		Square Feet 5600	# of Floors 2						
City (5) Bernardsville		Bldg. Age 65 +/-							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Property							
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) 4/30/18	Scheduled Completion Date (11) 5/2/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	47 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	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 4/24/18			

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

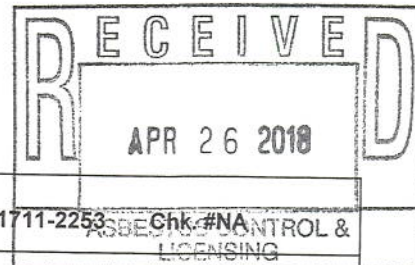
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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/24/18		Name of Building Owner/Operator (2) John Sciara							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675							
		Name of Contact John Sciara	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westwood		Square Feet 2100	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65 +/-						
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.	Telephone No. 201-600-3184						
Start Date (10) 4/26/18		Scheduled Completion Date (11) 4/30/18	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	676 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	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 4/24/18			

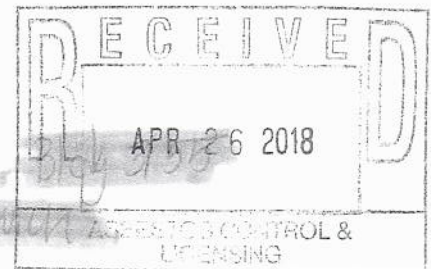
Returning 4/4/18 to complete
11 Bartlet Street. All other items
are complete to date.

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



Date of Notification (1) 11 / 16 / 17		Name of Building Owner/Operator (2) Rutgers University / Job # 1711-2253		Chk. # NA					
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 # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Joan Stanton, PE Telephone Number 848-445-2419					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 142-162 Bevier Road & 11 Bartlet Road				City (5) Piscataway					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Square Feet Varies # of Floors 2 each Bldg. Age 1960's					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 400 Street Road		City, State, Zip Code Bensalem, PA 19020		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) 11 / 29 / 17		Scheduled Completion Date (11) 4 / 20 / 18		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 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				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SURVEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3/29/18 - Returning 4/4/18 for	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Bartlet Street (all other scopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
complete)	<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 Champion		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Hainesport, NJ		Disposal Date 4/20/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 3/29/18			

****RETURNING 4/4/18 to perform this work**



1.0 PURPOSE AND SCOPE OF WORK

AIC was retained by Rutgers, The State University of New Jersey to identify and quantify asbestos-containing materials (ACM) at 11 Bartlett Street located in New Brunswick, New Jersey. The survey was performed prior to planned building demolition. AIC performed the survey in accordance with 40 CFR Part 763.

A total of thirty-five (35) bulk samples of suspect materials were initially collected, all of which were analyzed via Polarized Light Microscopy (PLM). Five (5) of these samples which were non-asbestos via PLM analysis were additionally were submitted for Transmission Electron Microscopy (TEM-NOB) analysis. An additional six (6) bulk samples were collected on April 5, 2017, all of which were analyzed via PLM.

2.0 SUMMARY OF FINDINGS

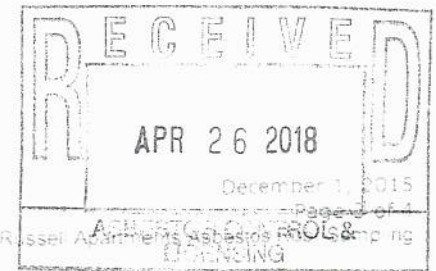
This section discusses our delineation of homogeneous applications of suspect asbestos-containing materials and the results of the related bulk samples that were collected and analyzed. Recommendations concerning these materials are presented in Section 3.0. Sections 2.1 and 2.2 summarize pertinent data about homogeneous applications that were classified as asbestos-containing and non-asbestos-containing material respectively.

2.1 Materials Classified Asbestos Containing Materials

As shown on the following charts, asbestos-containing materials were identified as follows:

Material Description	Location	Classification	Total Estimated Quantity (units)
Virec® Pipe Insulation	Basement MFR and Rear Room	Thermal Systems Insulation	8 Linear Feet
Framite Siding	Interior under Aluminum Siding	Miscellaneous Material	2700 Square Feet
Framite Panel	Basement Rear Room	Miscellaneous Material	4 Square Feet
Debris	Basement Rear Room on Dirt Floor	Thermal Systems Insulation	72 Square Feet
1" x 9" Grey Vinyl Floor Tile	1 st Floor at top of Basement Stair	Miscellaneous Material	6 Square Feet

10/1/15



****SCOPE COMPLETED**

**Table 1 - Bulk Sample Analysis Results
Limited Asbestos -Containing Roofing Survey
Russell Apartments, Building Nos. 3726-3732
Busch Campus, Piscataway, New Jersey**

Sample No	Material Description	Sample Location(s)	ACM Quantity	Results
1	Black/White Grout	Building 3732	N/A	None Detected
2	Black/White Grout	Building 3732	N/A	None Detected
3	Black/White Grout	Building 3732	N/A	None Detected
4	Black/White Grout	Building 3732	N/A	None Detected
5	Black/White Grout	Building 3732	N/A	None Detected
6	Black/White Grout	Building 3732	N/A	None Detected
7	Black/White Grout	Building 3732	N/A	None Detected
8	Black/White Grout	Building 3731	N/A	None Detected
9	Black/White Grout	Building 3731	N/A	None Detected
10	Black/White Grout	Building 3731	N/A	None Detected
11	Black/White Grout	Building 3731	N/A	None Detected
12	Black/White Grout	Building 3731	N/A	None Detected
13	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
14	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
15	Black/White Grout	Building 3730	N/A	None Detected
16	Black/White Grout	Building 3730	N/A	None Detected
17	Black/White Grout	Building 3730	N/A	None Detected
18	Black/White Grout	Building 3730	N/A	None Detected
19	Black/White Grout	Building 3730	N/A	None Detected
20	Black/White Grout	Building 3730	N/A	None Detected
21	Roofing Tar	Building 3730	30 SF Total	7% Chrysotile
22	Roofing Tar	Building 3730	30 SF Total	10% Chrysotile
23	Black/White Grout	Building 3729	N/A	None Detected
24	Black/White Grout	Building 3729	N/A	None Detected
25	Black/White Grout	Building 3729	N/A	None Detected
26	Black/White Grout	Building 3729	N/A	None Detected
27	Black/White Grout	Building 3729	N/A	None Detected
28	Black/White Grout	Building 3729	N/A	None Detected
29	Black/White Grout	Building 3729	N/A	None Detected
30	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
31	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
32	Black/White Grout	Building 3728	N/A	None Detected
33	Black/White Grout	Building 3728	N/A	None Detected



****SCOPE COMPLETED**

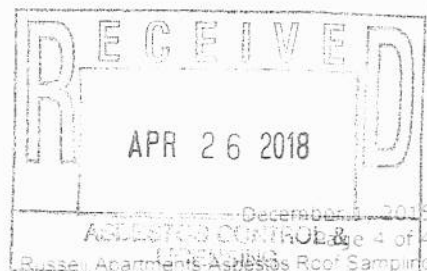
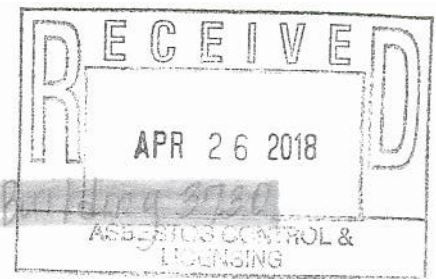


Table 1 - Bulk Sample Analysis Results
 Limited Asbestos-Containing Roofing Survey
 Russell Apartments, Building Nos. 3726-3732
 Busch Campus, Piscataway, New Jersey

Sample No	Material Description	Sample Location(s)	ACM Quantity	Results
54	Tar Paper	Building 3728	N/A	None Detected
55	Tar Paper	Building 3728	N/A	None Detected
56	White G. Asbestos mat	Building 3728	N/A	<0.12% Chrysotile
57	White G. Asbestos mat	Building 3728	N/A	None Detected
58	Black Shingle Upper Layer	Building 3727	N/A	None Detected
59	Black Shingle Upper Layer	Building 3727	N/A	None Detected
60	Black Shingle Bottom Layer	Building 3727	N/A	None Detected
61	Black Shingle Bottom Layer	Building 3727	N/A	None Detected
62	Tar Paper	Building 3727	N/A	None Detected
63	Tar Paper	Building 3727	N/A	None Detected
44	Black Roofing Tar	Building 3727	36 SF Total	7% Chrysotile
64	White G. Asbestos mat	Building 3727	N/A	None Detected
65	Tar Paper Upper Layer	Building 3726	N/A	None Detected
66	Black Shingle Upper Layer	Building 3726	N/A	None Detected
67	Black Shingle Bottom Layer	Building 3726	N/A	<0.35% Chrysotile
68	Black Shingle Bottom Layer	Building 3726	N/A	None Detected
69	Tar Paper	Building 3726	N/A	None Detected
70	Tar Paper	Building 3726	N/A	None Detected
71	White G. Asbestos mat	Building 3726	N/A	None Detected
53	Black Roofing Tar	Building 3726	36 SF Total	7% Chrysotile

****SCOPE COMPLETED**

ASBESTOS BULK SURVEY REPORT
RUSSELL APARTMENTS
BUILDING 3730
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY



EXECUTIVE SUMMARY

This inspection report provides a thorough identification of asbestos-containing material (ACM) at Russell Apartments Building 3730 (Apartments 756 - 780) located on Busch Campus, New Brunswick, New Jersey. The survey was performed in accordance with 40 CFR Part 763.85 (a) as well as the requirements of Rutgers University. The investigative survey was conducted on August 17, 1998 by experienced and licensed inspector, Judith A. Smith.

The types and the estimated quantities of ACM that were found are shown on the table below. Section 2.0 contains a further detailed discussion of the ACM.

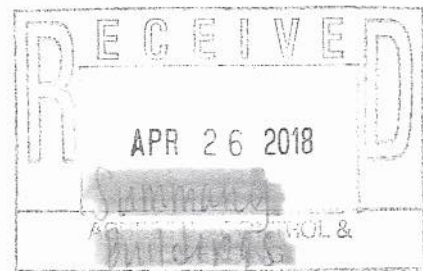
Material Description	Location	Classification	Total Estimated Quantity (units)
Grey Sink Undercoating	Kitchens	Surfacing/Miscellaneous Material	7 Each
9" x 9" Brown VFT w/White Streaks	Living Rooms, Kitchens, Bedrooms, Corridors	Surfacing/Miscellaneous Material	4,136 Square Feet
9" x 9" Grey VFT w/Black & White Streak and associated Black Mastic	Living Rooms, Kitchens, Bedrooms, Corridors, Bathrooms	Surfacing/Miscellaneous Material	4,136 Square Feet
Pipe fittings associated with fiberglass insulated piping	Basement laundry room, mechanical room, crawlspace	Thermal Systems Insulation	120 Fittings

The asbestos-containing pipe fittings in the Basement are located on fiberglass insulated piping and were noted to be in good condition.

The non-fragile sink undercoating and floor tiles listed above were all noted to be in good condition.

Both types of the non-fragile floor tile exist beneath either linoleum or carpeting. Although the mastic associated with the 9" x 9" brown VFT does not contain asbestos, the floor tile are asbestos-containing. Since the tile cannot be feasibly separated from the mastic, it should be treated as an asbestos-containing material (ACM) for removal purposes. Furthermore, the carpeting and/or linoleum covering the asbestos-containing tiles should also be considered as asbestos materials for removal purposes. If these materials will be impacted by planned renovations, removal is recommended. If these materials will not be affected, any areas of exposed mastic should be patched and repaired and addressed under an Operation & Maintenance (O&M) Program.

****SCOPE COMPLETED**



**ASBESTOS BLK SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY**

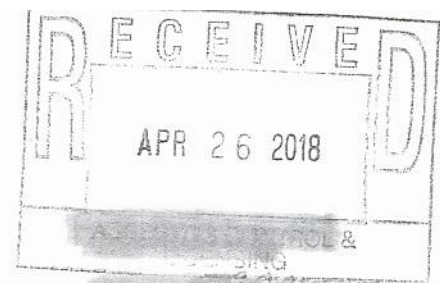
EXECUTIVE SUMMARY

AIC Group Services LLC (AIC) was retained by Rutgers University to perform an asbestos survey of 8 x 16' of the Russell Apartments buildings. This inspection report provides a thorough identification of asbestos-containing materials (ACM) at Russell Apartments Buildings 3726, 3727, 3728, 3729, 3731 & 3732 located on Busch Campus, New Brunswick, New Jersey. The survey was performed in accordance with 40 C.F.R. Part 763.85 (a) as well as the requirements of Rutgers University. The investigative survey was conducted between February 1st and February 15th, 2017 by experienced and licensed inspector, James H. Heron.

The types and the estimated quantities of ACM that were found are shown on the table below. Section 2.0 contains a further detailed discussion of the ACM.

Material Description	Location	Material Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl floor Tile & Associated Mastic	Throughout All Buildings	Miscellaneous	2,396 Square Feet
9" x 9" Brown Vinyl & Associated Mastic		Miscellaneous	2,677 Square Feet
Black Mastic Applied Directly to Plywood		Miscellaneous	13,310 Square Feet
Mud fittings on fiberglass pipe insulation		Thermal	1,307 fittings
Beige Sink Undercoating		Miscellaneous	20 Sinks (~120 Square Feet)
Black Tar Dot	Gravispaces	Miscellaneous	320 Square Feet
Black Sink Undercoating	Building 3727	Miscellaneous	1 Sink (~6 Square Feet)
12" x 12" Light Brown VIT	Building 3728	Miscellaneous	1,309 Square Feet
Rust Red Vinyl Floor Tile & Associated Mastic	Building 3729	Miscellaneous	144 Square Feet
9" x 9" Dark Red Vinyl & Associated Mastic	Building 3732	Miscellaneous	4 Square Feet

****SCOPE COMPLETED**



ASBESTOS BULK SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
RUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY

1.0 PURPOSE AND SCOPE OF WORK

ATC Group Services LLC (ATC) was retained by Rutgers University to identify and quantify asbestos-containing materials (ACM) at Russell Apartments Buildings 3726, 3727, 3728, 3729, 3731 & 3732 located on Busch Campus, in Piscataway, New Jersey. This survey was performed to facilitate planned demolition of the buildings. ATC, a Rutgers University approved environmental consultant for asbestos bulk surveys, performed the survey in accordance with 40 CFR Part 763, as well as the requirements of the University.

A total of 30 bulk samples were collected of suspect materials and analyzed via Polarized Light Microscopy. An additional 63 samples were further analyzed via Transmission Electron Microscopy (TEM/EOB).

2.0 SUMMARY OF FINDINGS

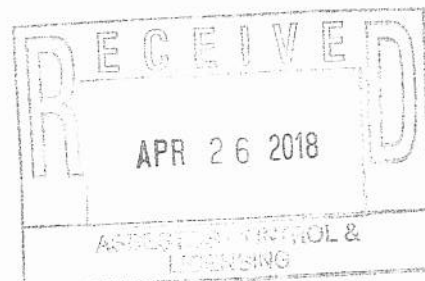
This section discusses our delineation of homogeneous applications of suspect asbestos-containing materials and the results of the related bulk samples that were collected and analyzed. Recommendations concerning these materials are presented in Section 3.0. The following Sections 2.1 and 2.2 summarizes pertinent data about homogeneous applications that were classified as asbestos containing and non-asbestos containing material respectively.

2.1 Materials Classified as Asbestos Containing Materials

The following chart lists the material description and quantities of asbestos containing materials identified in each specific building. Specific locations of these materials for each building can be found in the drawings referenced in Appendix C.

BUILDING 3726		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	2,296 Square Feet
9" x 9" Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	146 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	5,750 Square Feet
Vinyl Fittings on Fiberglass Pipe Insulation	Thermal	325 Fittings

*SCOPE COMPLETED



ASBESTOS RISK SURVEY REPORT
 RUSSELL APARTMENTS
 BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
 BUSCH CAMPU.S
 NEW BRUNSWICK, NEW JERSEY

BUILDING 3726		
Material Description	Classification	Total Estimated Quantity (units)
Beige Sink Undercoating	Miscellaneous	24 Square Feet
Black Tar Dots	Miscellaneous	Unknown

BUILDING 3727		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	473 Square Feet
9" x 9" Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,465 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	2,727 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	289 Fittings
Beige Sink Undercoating	Miscellaneous	36 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet
Black Sink Undercoating	Miscellaneous	6 Square Feet

BUILDING 3728		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	2,497 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	372 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	167 Fittings
Beige Sink Undercoating	Miscellaneous	12 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet
12" x 12" Light Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,469 Square Feet

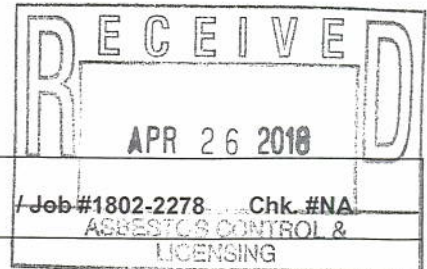
**SCOPE COMPLETED




ASBESTOS BULK SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY

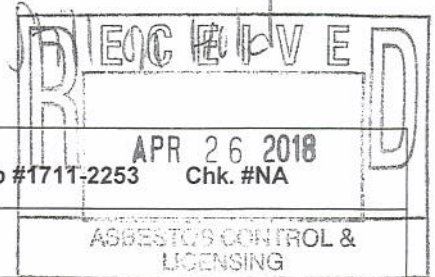
BUILDING 3732		
Material Description	Classification	Total Estimated Quantity (units)
Beige Sirk Undercoating	Miscellaneous	6 Square Feet
Black Tar Dots	Miscellaneous	30 Square Feet
12" x 12" Light Brown Vinyl Floor Tile	Miscellaneous	74 Square Feet
9" x 9" Dark Red Vinyl Floor Tile & Associated Mastic	Miscellaneous	4 Square Feet

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



Date of Notification (1) <u>2</u> / <u>22</u> / <u>18</u>		Name of Building Owner/Operator (2) Estate of Elizabeth M. Wallace		<div style="border: 1px solid black; padding: 5px;"> RECEIVED APR 26 2018 Job #1802-2278 Chk. #NA ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Union NJ 07083			
		Name of Contact Claire Darcy, Executrix		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>									
City (5) Union			Square Feet 1377	# of Floors 1.5	Bldg. Age 70				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 16 W Elizabeth Ave # 2		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. (908) 862-4301	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <u>3</u> / <u>8</u> / <u>18</u>	Scheduled Completion Date (11) <u>3</u> / <u>9</u> / <u>18</u>		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	90LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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 3/9/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 			Date 2-6-18				

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

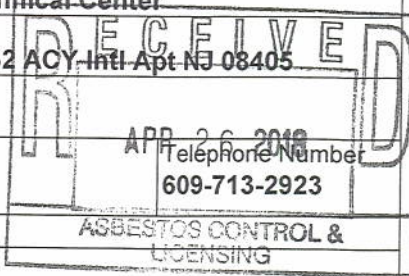


Date of Notification (1) <u>11</u> / <u>16</u> / <u>17</u>		Name of Building Owner/Operator (2) Rutgers University		APR 26 2018 / Job #1711-2253 Chk. #NA				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Road		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Piscataway, NJ 08854						
		Name of Contact Joan Stanton, PE		Telephone Number 848-445-2419				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 142-162 Bevier Road & 11 Bartlet Road								
City (5) Piscataway		Square Feet Varies	# of Floors 2 each	Bldg. Age 1960's				
County (6) Middlesex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant				
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 400 Street Road		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) <u>11</u> / <u>29</u> / <u>17</u>		Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>18</u>		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 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			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED SURVEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Champion		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central			
City, State Hainesport, NJ		Disposal Date 4/14/18		City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 3-9-18		

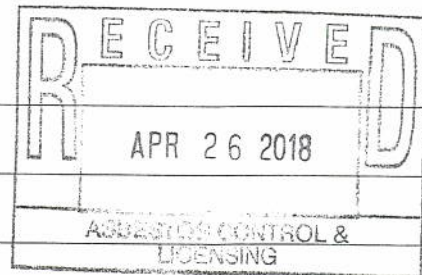
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1802-2274
Check #: NA

Date of Notification (1) 4/23/18		Name of Building Owner / Operator (2) Federal Aviation Administration WJH Technical Center	
Agencies Notified	Type Notification	Street Address Environmental & Safety Section ANG-# 332 ACY Intl Apt NJ 08405	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Atlantic City, NJ 08405	
		Name of Contact Mr. Carla Nodine	
<div style="text-align: right;">  </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) William J Hughes Technical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Building #205 FAA TC Atlantic City Intl. Airport		Square Feet 516,000	# of Floors 2
City (5) Atlantic City	County (6) Atlantic	Bldg. Age 60+/-	
County Code (7)		Current Use (Prior if being demolished) Airport	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address P.O. Box 316		Street Address 3859 Sylon Blvd.	
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave Flanigan		Telephone Number 856-848-0800	License Number 00862
Scheduled Start Date (10) 5/7/18	Scheduled Completion Date (11) 5/18/18	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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
2nd Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Block Insulation Pipe Runs	50 LF
2nd Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation Risers	5 LF
1st Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Boiler Breeching	150 SF
1st Floor Breakroom	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	128 LF
1st Floor in Breakroom	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Block Insulation	48 LF
1st Floor Breakroom and 1st Fl. Restroom	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor Tile & Mastic	400 SF
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Name of Registered Landfill Atlantic County ACUA
City, State Trenton, NJ		Disposal Date 5/21/18	City, State Egg Harbor Twp., NJ
Completed By (Print or Type) Joann Mullarkey		Title Admin.	Signature <i>Joann Mullarkey</i>
		Date 4.23.18	

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



Date of Notification (1) 04/11/18		Name of Building Owner/Operator (2) New Jersey State Police	
Agencies Notified	Type Notification	Street Address P.O. Box 7068	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Trenton, NJ 08628	
		Name of Contact Mike Genco	Telephone Number 609-882-2000

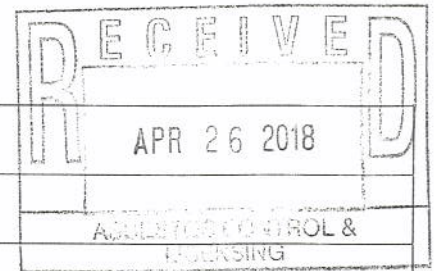
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) New Jersey State Police		Type of Facility (4)	
Street Address 1040 River Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ewing Township		Square Feet	# of Floors 3
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management INC		ASCM No. 00112	Name of Abatement Contractor (9) Advanced Specialty Contractors
Street Address 344 West State Street		Street Address 2400 Main St. Extension Suite 10	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 732-525-0100
Start Date (10) 04/30/2018		Scheduled Completion Date (11) 06/13/2018	License No. 00750
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Environmental Tactics, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>All abatement will take place outdoors.</u>		Street Address 64 Broad Street	
		City, State, Zip Code Matawan, NJ 07747	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Buildings 1,5,7,8,9,10,12		x		Window Caulking	1000 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Grows Landfill	
City, State Freehold, NJ		Disposal Date 06/13/2018	City, State Morrisville, PA		
Completed by Kurt Nale		Title Branch Manager	Signature 	Date 04/24/18	

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

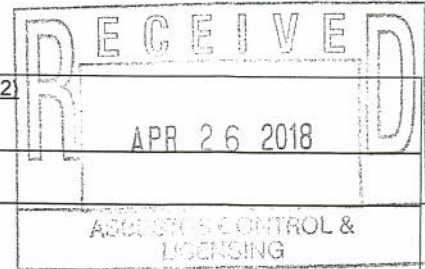


Date of Notification (1) 04/02/18		Name of Building Owner/Operator (2) LANXESS							
Agencies Notified	Type Notification	Street Address 1000 Convery Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy NJ 08861							
		Name of Contact Joe Ballo	Telephone Number 7328266600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LANXESS		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 1000 Convery Blvd		Square Feet 7000	# of Floors 1						
City (5) Perth Amboy		Bldg. Age 75							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Boiler Room							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address		Street Address 2400 Main St. Extension Suite 10							
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 04/16/2018	Scheduled Completion Date (11) 04/24/2018	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Roped off signage with danger tape. Area Vacated</u>		Street Address 234 20th Ave							
		City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Insulation	128lf	x			
Added @ Boiler Room	X			Pipe Insulation	21	x			
				8", 3-90s, 1 valve					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill					
City, State Freehold, NJ			Disposal Date 04/24/2018	City, State Morrisville, PA					
Completed by Kurt Nale		Title Branch Manager	Signature <i>Kurt Nale</i>	Date 04/24/18					

Chood4624

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

P A I D



Date of Notification (1)
04/24/2018

Name of Building Owner/Operator (2)

The Chemours Company

Agencies Notified

(X) EPA
() DEP
(X) DOL
(X) DOH
() DCA

Notification Type

(X) Initial Notification
() Amended Certification
() Cancelled

Street Address

1007 Market Street

City, State, Zip Code

Wilmington, DE 19899

Name of Contact

Jim Lacey

Tel. Number

856-540-2394

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Chemours Chamber Works Facility

Street Address

Canal Rd.

Type of Facility (4)

() School (K-12)
() Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet 29,250 # of Floors 2

City (5)

Deepwater

County (6)

Salem

County Code (7)

(State Use Only)

Bldg. Age 64

Current Use (prior if being demolished) Chemical Plant

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

Harvard Environmental, Inc.

ASCM No.

Name of Contractor (9)

Brandenburg Industrial Service Company

Street Address

760 Pulaski Highway

City, State, Zip Code

Bear, DE 19701

Street Address

2217 Spillman Dr

City, State, Zip Code

Bethlehem Pennsylvania 18015

Project Manager for Monitoring Firm

JT Morrison

Telephone Number

302-326-2333

Telephone Number

610-691-1800

License Number

00721

Scheduled Start Date (10)

05/08/2018

Scheduled Completion Date (11)

07/27/2018

Name of OSHA Monitor

Brandenburg Industrial Service Company

Occupancy Status During Abatement (Check only one)

(x) Facility Closed/Vacated During Entire Period of Abatement
() Abatement Performed Outside of Normal Facility Hours -
Standard Work Week: Mon-Thur; Fri & Sat's as necessary; Excluding Major
Holidays

Describe Demolition

(x) Scheduled Demo Start 06/01/18

Scheduled Demo Completion 08/30/18

Street Address

2217 Spillman Drive

City, State, Zip Code

Bethlehem, PA 18015

Source of Work (Check all that apply)

(x) Demolition () Renovation
(x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
(x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure

Location of Asbestos-
Containing Material (ACM) in
Facility (13)

Is Location Normally Used
Solely by Maint./Custodial
Staff? (12)

YES NO NA

Description of ACM (i.e.
thermal systems insulation,
surfacing, VAT, or other
miscell.)

Amount (Specify SF or LF)

Abatement Type

Rem. Rep. Encap. Enclose

A&B Building

x

Tank Insulation

1,446 SF

x

A&B Building

x

Canvas over Insulation

929 SF

x

A&B Building

x

Fire Doors

25 EA

x

A&B Building

x

VAT & Mastic

104 SF

x

A&B Building

x

Galbestos

25,905 SF

x

A&B Building

x

Roof Flashing

725 LF

x

A&B Building

x

Roof Membrane

7,516 SF

x

A&B Building

x

Tar Paper on Pipe

95 LF

X

Name of Reg. Waste Hauler
Brandenburg Industrial Service
Company

NJDEP Waste Hauler ID #
21838

Cubic Yards of Waste
300 cy

Name of Reg. Landfill
Republic Conestoga Landfill

City, State
Bethlehem, PA 18015

Disp. Date
TBD

City, State
Morgantown, PA

Completed by (Print or Type)
Jennifer Polzer

Title
Contract Manager

Signature

Date
04/24/18

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

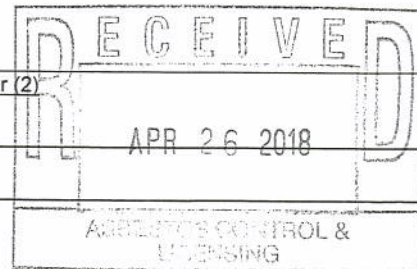
Telephone 609-984-6620

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CH 006141027

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

P A I D



Date of Notification (1) 04/24/2018		Name of Building Owner/Operator (2) The Chemours Company	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility		Street Address 1007 Market Street	
Street Address Canal Rd.		City, State, Zip Code Wilmington, DE 19899	
City (5) Deepwater		Name of Contact Jim Lacey	
County (6) Salem		Tel. Number 856-540-2394	
County Code (7) (State Use Only)		FACILITY INFORMATION	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental, Inc.		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 31,200 # of Floors N/A Bldg. Age 65 Current Use (prior if being demolished) Chemical Plant	
Street Address 760 Pulaski Highway		ASC No.	
City, State, Zip Code Bear, DE 19701		Name of Contractor (9) Brandenburg Industrial Service Company	
Project Manager for Monitoring Firm JT Morrison		Telephone Number 302-326-2333	
Scheduled Start Date (10) 05/08/2018		License Number 00721	
Scheduled Completion Date (11) 07/27/2018		Telephone Number 610-691-1800	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Standard Work Week: Mon-Thur, Fri & Sat's as necessary; Excluding Major Holidays Describe Demolition (x) Scheduled Demo Start 06/01/18 Scheduled Demo Completion 08/30/18		Name of OSHA Monitor Brandenburg Industrial Service Company	
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure		Street Address 2217 Spillman Drive	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code Bethlehem, PA 18015	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Amount (Specify SF or LF)		Abatement Type Rem. Rep. Encap. Enclose	
A&D Pipe Alley & Tank Farm		Galbestos on Pipe Support 6,400 SF	
A&D Pipe Alley & Tank Farm		Dike Paint 840 SF	
A&D Pipe Alley & Tank Farm		Pipe Insulation 3,174 LF	
A&D Pipe Alley & Tank Farm		Pipe Mastic on Fart Rock 6,387 LF	
A&D Pipe Alley & Tank Farm		Tank Covering 6,866 SF	
A&D Pipe Alley & Tank Farm		Tank Felt Paper 1,100 SF	
A&D Pipe Alley & Tank Farm		Tank Mastic 2,136 SF	
Name of Reg. Waste Hauler Brandenburg Industrial Service Company		NJDEP Waste Hauler ID # 21838	
City, State Bethlehem, PA 18015		Cubic Yards of Waste 300 cy	
Completed by (Print or Type) Jennifer Polzer		Name of Reg. Landfill Republic Conestoga Landfill	
Title Contract Manager		Disp. Date TBD	
Signature		City, State Morgantown, PA	
Date 04/24/18			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26-2.12)

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 04/24/2018		Name of Building Owner/Operator (2) The Chemours Company	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address 1007 Market Street		City, State, Zip Code Wilmington, DE 19899	
Name of Contact Jim Lacey		Tel. Number 856-540-2394	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address Canal Rd.			Sq. Feet 32,350 # of Floors 3		
City (5) Deepwater	County (6) Salem	County Code (7) (State Use Only)	Bldg. Age 65 Current Use (prior if being demolished) Chemical Plant		

Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental, Inc.		ASCM No.		Name of Contractor (9) Brandenburg Industrial Service Company	
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Dr		City, State, Zip Code Bethlehem Pennsylvania 18015	
City, State, Zip Code Bear, DE 19701		Telephone Number 302-326-2333		License Number 00721	

Scheduled Start Date (10) 05/08/2018		Scheduled Completion Date (11) 07/27/2018		Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Standard Work Week: Mon-Thur; Fri & Sat's as necessary; Excluding Major Holidays Describe Demolition (x) Scheduled Demo Start 06/01/18 Scheduled Demo Completion 08/30/18				Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015	

Source of Work (Check all that apply)
 (x) Demolition () Renovation
 (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Building 888	x	Duct Insulation	100 SF	x			
Building 888	x	Fire Doors	35 EA	x			
Building 888	x	VAT & Mastic	364 SF	x			
Building 888	x	Galbestos	13,786 SF	x			
Building 888	x	Window Glaze	456 LF	x			
Building 888	x	Tar Mastic	80 LF	x			
Building 888	x	Pipe Insulation	500 LF	x			
Building 888	x	Pipe Insulation - Tar Paper	801 LF	x			
Building 888	x	Pipe Mastic	3,800 LF	x			
Building 888	x	Roof Flashing	870 LF	x			
Building 888	x	Roof Membrane	4,676 SF	x			
Building 888	x	Tank Covering	8,001 SF	x			
Building 888	x	Transite Pipe	7 LF	x			

Name of Reg. Waste Hauler Brandenburg Industrial Service Company		NJDEP Waste Hauler ID # 21838		Cubic Yards of Waste 300 cy		Name of Reg. Landfill Republic Conestoga Landfill	
City, State Bethlehem, PA 18015				Disp. Date TBD		City, State Morgantown, PA	
Completed by (Print or Type) Jennifer Polzer		Title Contract Manager		Signature 		Date 04/24/18	

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8.16)

UK # 3353

Date of Notification (1) 4 / 23 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2018 ASBESTOS CONTROL & ABATEMENT DIVISION </div>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery Place, Lower Level					
		City, State, Zip Code Pittsburgh, PA 15212				Name of Contact Anthony Porta					
						Telephone Number 412-633-4021					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Verizon Van Hiseville CO				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 140 W. Veterans Hwy				Square Feet							
City (5) Jackson Twp				# of Floors							
County (6) Ocean				Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		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 No. 215-365-5810		License No. 00509							
Start Date (10) 5 / 4 / 18		Scheduled Completion Date (11) 5 / 7 / 18		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/5:00PM-1:30AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
1st Floor AC1-3 Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor tile and mastic		16 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor RF1-1 Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Exhaust fan caulk		12 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 NEW CASTLE, DE 19720				Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / JS				Date 4-23-18			

ASB-41
MAY 11 BS18037

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

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

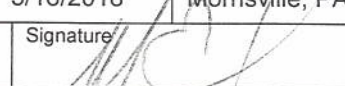
Check # 25580

Date of Notification (1) 4/24/2018		Name of Building Owner/Operator (2) Johnson	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hopewell, NJ 08525	
		Name of Contact Jackie Bergenzer	

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 APR 26 2018
 ASBESTOS CONTROL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Hopewell, NJ 08525		Square Feet 3000	# of Floors 2
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 150 +/-
Name of Monitoring Firm Hired by Building Owner (8) MECS		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	License No. 00493
Start Date (10) 5/7/2018	Scheduled Completion Date (11) 5/18/2018	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	100 lf	X			
Basement		X		Thermal Pipe Debris	40 lf	X			
1st Floor		X		VAT	360 sf	X			

Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ		Disposal Date 5/18/2018		City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager		Signature 	Date 4/24/18

PAID

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

Check 17566

Date of Notification (1) 4/23/18		Name of Building Owner/Operator (2) RCB Urban Renwal, LLB c/o PCD Capital LLC							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2018 </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	350 Main Road, Suite 201							
		City, State, Zip Code Montville, NJ 07045							
		Name of Contact Anthony Ciallella	Telephone Number 908-897-0730						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 171 West Fort Lee Road		Square Feet 3200	# of Floors 2						
City (5) Bogota		Bldg. Age 68							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/24/18	Scheduled Completion Date (11) 6/24/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	entire roof	1,200 SF	x			
Roof			x	tar & flashing	1,280 SF	x			
Roof			x	window glazing	13 windows	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL					
City, State Freehold NJ			Disposal Date TBD	City, State Morrisville PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/23/18			

PAID

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

Print Form

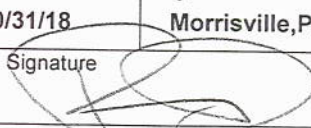
Check # 25581

Date of Notification (1) 4/24/2018		Name of Building Owner/Operator (2) Simpson		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2018 ASBESTOS CONTROL & REMEDIATION </div>							
Agencies Notified		Type Notification				Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Collingswood, NJ 08108					
				Name of Contact Anne Marie Hague		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 buildings, homes, etc.)							
City (5) Collingswood, NJ				Square Feet 1500		# of Floors 2					
County (6) Camden				County Code (7) (STATE USE ONLY)		Bldg. Age 100 +/-					
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					
Start Date (10) 5/14/2018				Scheduled Completion Date (11) 5/18/2018		License No. 00493					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor MECS							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address PO Box 341							
				City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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			
								Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation		245 lf		X			
Name of Registered Waste Hauler Stevens Environmental Services				NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ				Disposal Date 5/18/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens				Title Project Manager		Signature		Date 4/24/18			

PAID

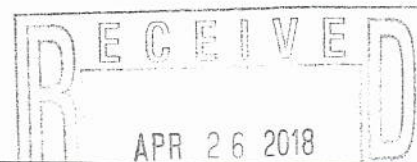
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK #369

Date of Notification (1) 04 / 25 / 18		Name of Building Owner/Operator (2) The Hampshire Companies, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 22 Maple Avenue City, State, Zip Code Morristwon, NJ 07960 Name of Contact Eric Helstrom Telephone Number 973-630-9815			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountain Side Hospital				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 20 Walnut Crescent				Square Feet 10,000					
City (5) Montclair				# of Floors 3					
County (6) Essex				Bldg. Age 50					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address				Street Address 47 Foster Road					
City, State, Zip Code				City, State, Zip Code Staten Island NY 10309					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 718-605-6256					
Start Date (10) 05 / 02 / 18		Scheduled Completion Date (11) 06 / 25 / 18		License No. 00774					
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: 7:00 AM-3:30 PM PM- AM				Name of OSHA Monitor Testor Tech					
Street Address 10 59 Jackson Avenue				City, State, Zip Code LIC NY 11101					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster Walls and Ceiling	770 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Porch #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	92 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ		Disposal Date 10/31/18		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 4/25			

CK5025

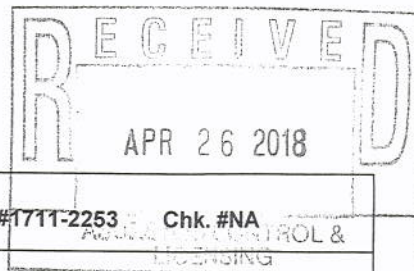
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 4 / 19 / 18		Name of Building Owner/Operator (2) Shelbourne Global / Job #1804-2297 Chk. #5025							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2362 Nostrand Avenue							
		City, State, Zip Code Brooklyn, NY							
		Name of Contact Ray O'Neil	Telephone Number 973-898-6360						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building / U.T.I.		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 1515 Broad Street									
City (5) Bloomfield		Square Feet 30,000	# of Floors 1						
County (6) Essex		Bldg. Age 30+							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCN No.							
Street Address 617 Stokes Road		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Medford, NJ 08053		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Rebecca Rubnitz		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 888-715-2211		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 4 / 23 / 18	Scheduled Completion Date (11) 4 / 23 / 18	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 checked="" type="checkbox"/> Full Containment 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	Encapsulate	Enclosure
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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 4/23/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Administrative Assistant		Signature <i>Joann Mullarkey</i>		Date 4-19-18			

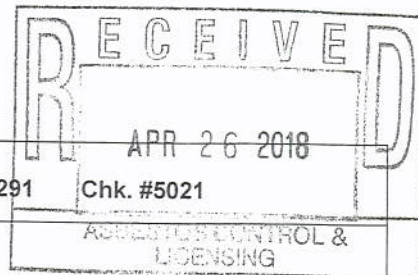
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



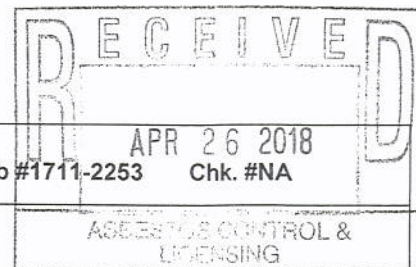
Date of Notification (1) 11 / 16 / 17		Name of Building Owner/Operator (2) Rutgers University / Job #1711-2253 Chk. #NA						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Joan Stanton, PE Telephone Number 848-445-2419						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 142-162 Bevier Road & 11 Bartlet Road		City (5) Piscataway						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Square Feet Varies	# of Floors 2 each Bldg. Age 1960's					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 400 Street Road		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	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 11 / 29 / 17	Scheduled Completion Date (11) 4 / 27 / 18	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED SURVEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4/4/18 - Returning 4/11/18 for	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Bartlet Street (all other scopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
complete)	<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 Champion	NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Hainesport, NJ		Disposal Date 4/27/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey	Title Administrative Assistant	Signature <i>Joann Mullarkey</i>	Date 4-12-18					

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



Date of Notification (1) 4 / 10 / 18		Name of Building Owner/Operator (2) Hussain, Ashfaq / Job #1804-2291		Chk. #5021	
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 <div style="background-color: black; height: 15px; width: 100%;"></div>	
		City, State, Zip Code Atlantic City, NJ 08401			
		Name of Contact Robert Breunig		Telephone Number <div style="background-color: black; height: 15px; width: 100%;"></div>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
Street Address 903 Atlantic Ave.				<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.)	
City (5) Atlantic City, NJ				Square Feet 6,096	# of Floors 3
County (6) Atlantic				Bldg. Age 1930	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 318 12th St.		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 4 / 11 / 18		Scheduled Completion Date (11) 4 / 18 / 18		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Entire Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Misc. Asb. Debris mixed w/ Const. Debris	Entire Structure
	<input type="checkbox"/>	<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 Earthtech Contracting		NJDEP Waste Hauler ID No. 16429		Cubic Yards of Waste 400	
City, State 6700 Delilah Rd.,		Disposal Date 4/20/18		Name of Registered Landfill Atlantic County Utilities Authority	
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature <i>Joann Mullarkey</i>	Date 4-10-18

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



Date of Notification (1) <u>11</u> / <u>16</u> / <u>17</u>		Name of Building Owner/Operator (2) Rutgers University / Job # 1711-2253 Chk. # NA							
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 # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Joan Stanton, PE Telephone Number 848-445-2419							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 142-162 Bevier Road & 11 Bartlet Road		City (5) Piscataway							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square Feet Varies	# of Floors 2 each Bldg. Age 1960's						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Current Use (Prior if being demolished) Vacant							
Street Address 400 Street Road		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Bensalem, PA 19020		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Mike Panepresso		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 215-244-1300		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>11</u> / <u>29</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>27</u> / <u>18</u>	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							
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		City, State, Zip Code Cinnaminson, NJ 08077							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SURVEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4/4/18 - Returning 4/11/18 for	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Bartlet Street (all other scopes complete)	<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 Champion		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Hainesport, NJ			Disposal Date 4/27/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature <i>Kimberly Trumbetti</i>			Date 4-23-18			

1.0 PURPOSE AND SCOPE OF WORK

ATC was retained by Rutgers, The State University of New Jersey to identify and quantify asbestos-containing materials (ACM) at 11 Bartlett Street located in New Brunswick, New Jersey. The survey was performed prior to planned building demolition. ATC performed the survey in accordance with 40 CFR Part 763.

A total of fifty-five (55) bulk samples of suspect materials were initially collected, all of which were analyzed via Polarized Light Microscopy (PLM). Five (5) of these samples which were non-asbestos via PLM analysis were additionally were submitted for Transmission Electron Microscopy (TEM-NOB) analysis. An additional six (6) bulk samples were collected on April 5, 2017, all of which were analyzed via PLM.

2.0 SUMMARY OF FINDINGS

This section discusses our delineation of homogeneous applications of suspect asbestos containing materials and the results of the related bulk samples that were collected and analyzed. Recommendations concerning these materials are presented in Section 3.0. Sections 2.1 and 2.2 summarize pertinent data about homogeneous applications that were classified as asbestos containing and non-asbestos containing material respectively.

2.1 Materials Classified Asbestos Containing Materials

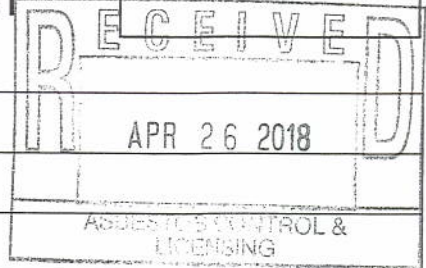
As shown on the following charts, asbestos-containing materials were identified as follows:

Material Description	Location	Classification	Total Estimated Quantity (units)
Aircell Pipe Insulation	Basement MER and Rear Room	Thermal Systems Insulation	8 Linear Feet
Transite Siding	Exterior under Aluminum Siding	Miscellaneous Material	2,700 Square Feet
Transite Panel	Basement Rear Room	Miscellaneous Material	4 Square Feet
Debris	Basement Rear Room on Dirt Floor	Thermal Systems Insulation	72 Square Feet
9" x 9" Grey Vinyl Floor Tile	1 st Floor at top of Basement Stairs	Miscellaneous Material	6 Square Feet

no c/c

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

Job #: 1803-2288



Date of Notification (1) 3.22.18		Name of Building Owner / Operator (2) Thomas Toolan	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Freehold, NJ 07728	
		Name of Contact Thomas Toolan	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,924		
City (5) Freehold, NJ			County (6) Monmouth		County Code (7) 1972
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc.			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 617 Stokes Rd., Suite 4-318			Street Address 3859 Sylon Blvd.		
City, State & Zip Code Medford, NJ			City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Finog Environmental			Telephone Number 888-715-2211		License Number 00862
Scheduled Start Date (10) 4-6-18		Scheduled Completion Date (11) 4/9/18		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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

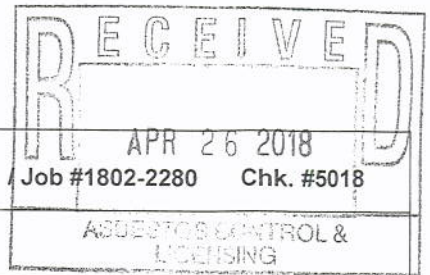
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Right Rear Bedroom & Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	220 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 4/9/18	City, State Morrisville, PA	
Completed By (Print or Type) Joann Mullarkey	Title Admin.	Signature 	Date 3.28.18 4-3-18

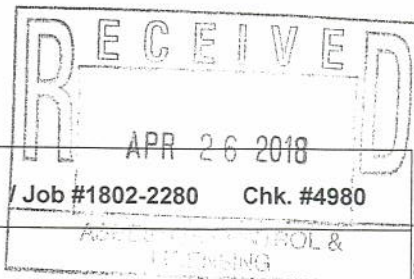
CH 5018

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



Date of Notification (1) <u>4</u> / <u>2</u> / <u>18</u>		Name of Building Owner/Operator (2) Trinity Episcopal Church of Cranford		Job #1802-2280 Chk. #5018					
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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 205 North Avenue East		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Cranford, NJ 07016							
		Name of Contact John Zebrowski		Telephone Number 908-358-4254					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEDS School				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 205 North Avenue East									
City (5) Cranford				Square Feet 20000	# of Floors 2				
				Bldg. Age 50					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) TEDS					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 1600 Route 22 East, 1st Floor		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Thomas Rubino		Telephone No. 908-688-7800		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) <u>4</u> / <u>2</u> / <u>18</u>		Scheduled Completion Date (11) <u>4</u> / <u>5</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, 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 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	1,205 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Bathroom Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st & 2 nd Fl. Janitors CLOset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heat Shield	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic on Mirror (Detached)	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ				Disposal Date 4/26/18	City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature <i>Kimberly Trumbetti</i>		Date 4-2-18			

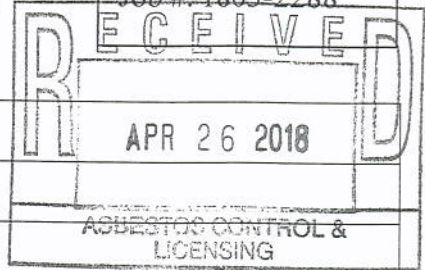
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>4</u> / <u>2</u> / <u>18</u>		Name of Building Owner/Operator (2) Trinity Episcopal Church of Cranford		Job #1802-2280 Chk. #4980					
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 205 North Avenue East City, State, Zip Code Cranford, NJ 07016 Name of Contact John Zebrowski					
				Telephone Number 908-358-4254					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEDS School			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 205 North Avenue East									
City (5) Cranford			Square Feet 20000	# of Floors 2	Bldg. Age 50				
County (6) Union		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) TEDS						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 1600 Route 22 East, 1st Floor		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Thomas Rubino		Telephone No. 908-688-7800	Telephone No. 609-702-0400		License No. 00862				
Start Date (10) <u>4</u> / <u>2</u> / <u>18</u>		Scheduled Completion Date (11) <u>4</u> / <u>5</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, 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 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	205 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Bathroom Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st & 2 nd Fl. Janitors CLOset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heat Shield	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic on Mirror (Detached)	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 4/26/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature <i>Kimberly Trumbetti</i>		Date 4-2-18			

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

Job #: 1803-2288



Date of Notification (1) 3.22.18		Name of Building Owner / Operator (2) Thomas Toolan	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code Freehold, NJ 07728	
Name of Contact Thomas Toolan		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,924		
City (5) Freehold, NJ			County (6) Monmouth		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc.			ASCM No.		
Street Address 617 Stokes Rd., Suite 4-318			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
City, State & Zip Code Medford, NJ			Street Address 3859 Sylon Blvd.		
Project Manager for Monitoring Firm Finog Environmental			Telephone Number 888-715-2211		License Number 00862
Scheduled Start Date (10) 4-6-18			Scheduled Completion Date (11) 4-6-18		
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 <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Current Use (Prior if being demolished) Residence		
Street Address 107 Haddon Ave.			City, State & Zip Code Westmont, NJ 08108		

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 Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Right Rear Bedroom & Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	220 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste		Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date		City, State Morrisville, PA		Date 3.28.18	
Completed By (Print or Type) Joann Mullarkey		Title Admin.		Signature <i>Joann Mullarkey</i>		Date 3.28.18	