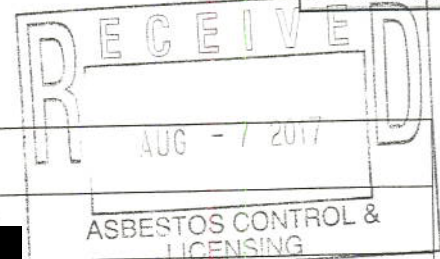


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|--|-------------------------------------|--|--|------------------------|--------|-------------|-----------|
| Date of Notification (1) 7/11/17 | | Name of Building Owner/Operator (2) Larry Johnson | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <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 Burlington, NJ 08016 | | | | | | | |
| | | Name of Contact Eric Plackis | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Christ Baptist Church | | 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 950 Jackson Rd. | | Square Feet 2500 | # of Floors 2 | | | | | | |
| City (5) Burlington | | Bldg. Age 75 | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (732)899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 7/12/17 | Scheduled Completion Date (11) 7/20/17 | 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 type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 250 LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | <input checked="" type="checkbox"/> | Asbestos pipe wrap | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 4 | Name of Registered Landfill GROWS Inc. | | | | | |
| City, State Brick, New Jersey | | Disposal Date 7/20/17 | | City, State PA | | | | | |
| Completed by Eric Plackis | | Title President | | Signature [Signature] | | Date 7/11/17 | | | |

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

CK 1825

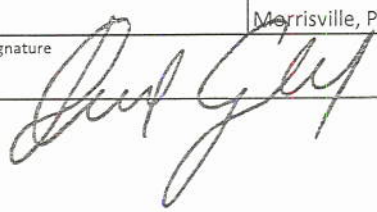
| | | | |
|---|--|---|--|
| Date of Notification (1) 7/28/17 | | Name of Building Owner/Operator (2) St. Joseph Regional Medical Center | |
| Agencies Notified | Type Notification | Street Address 703 Main Street | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Paterson, NJ 07503 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Matthew Barkho | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Telephone Number _____ | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 7 2017 NJ CONTROL & LICENSING </div> | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

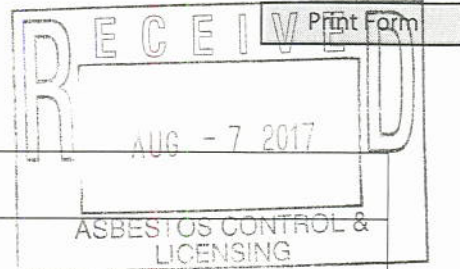
FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) Regan Building - St. Joseph's Regional Medical Center | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.) | |
| Street Address 703 Main Street | | Square Feet 30,000+ | # of Floors 3+ |
| City (5) Paterson | | Bldg. Age 50+ | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Hospital | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Unicorn Contracting Corp. |
| Street Address | | Street Address 32 Willow Way | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park, NJ 07424 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-9176 | License No. 01331 |
| Start Date (10) 8/7/17 | Scheduled Completion Date (11) 8/18/17 | Name of OSHA Monitor Envirovision Consultants, Inc. | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7-4 | | Street Address 20-21 Wagaraw Rd., Bldg. 35-E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

| | | | |
|--|--|---|--|
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure | |
| | | <input 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 |
| Regan Bldg. - Mechanical Rm #5 | | XXX | | Fittings & Elbows | 25 | XX | | | |
| Regan Bldg. - Admin. Tunnel | | XXX | | Fittings & Elbows | 150 | XX | | | |
| Regan Bldg. - Admin. Tunnel | | XXX | | Pipe Insulation | 30 LF | XX | | | |
| | | | | | | | | | |

| | | | | |
|--|--------------------------|--|--------------------------------|--|
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | NJDEP Waste Hauler ID No. 0035844 | Cubic Yards of Waste 10+ | Name of Registered Landfill Fairless Hills Landfill |
| City, State Woodland Park, New Jersey | | Disposal Date TBD | City, State Merrisville, PA | |
| Completed by Dimo Golcev | Title General Manager | Signature  | | Date 7/28/17 |

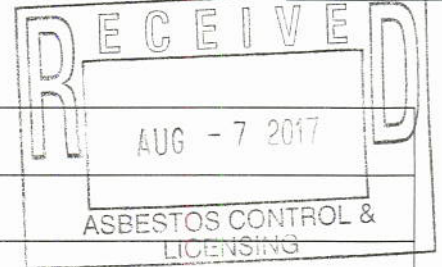


07/430

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

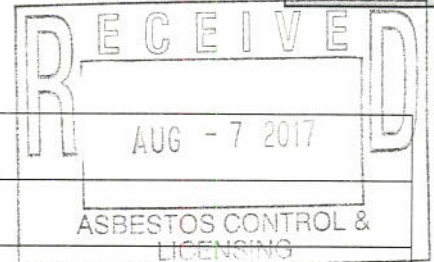
| | | | | | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 07/28/2017 | | Name of Building Owner/Operator (2) Marry Ann Corrado | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <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 Summit, NJ 07901 | | | | | | | |
| | | Name of Contact Marry Ann Corrado | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Summit | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-345-8685 | | | | | | |
| | | | License No. 01311 | | | | | | |
| Start Date (10) 08/08/2017 | Scheduled Completion Date (11) 08/09/2017 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <div style="float: right;"> <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 </div> | | | | | | | | | |
| 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 | 90 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | Signature | Date 07/28/2017 | | | | | |

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



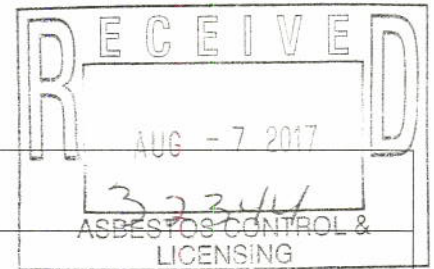
| | | | | | | | | | |
|---|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 07/28/2017 | | Name of Building Owner/Operator (2) Carol Skuratofsky | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <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 Union, NJ 07083 | | | | | | | |
| | | Name of Contact Carol Skuratofsky | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Union | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | 973-345-8685 | 01311 | | | | | | |
| Start Date (10) 08/09/2017 | Scheduled Completion Date (11) 08/10/2017 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 |
| Attic | | X | | Blown In Insulation | 600 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | Signature | Date 07/28/2017 | | | | | |

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



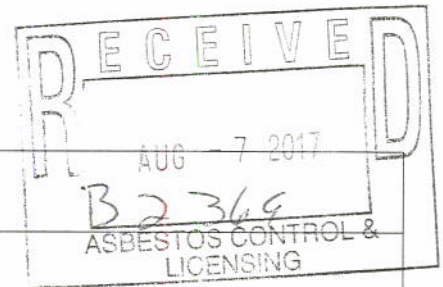
| Date of Notification (1) 07/28/2017 | | Name of Building Owner/Operator (2) Catherine Basile | | | | | | | |
|---|--|---|---|---|---|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> 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 Cedar Grove, NJ 07009 | | | | | | | |
| | | Name of Contact Catherine Basile | | | | | | | |
| Telephone Number _____ | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Cedar Grove | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. _____ | Telephone No. 973-345-8685 | | | | | | |
| | | | License No. 01311 | | | | | | |
| Start Date (10) 08/11/2017 | Scheduled Completion Date (11) 08/12/2017 | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 11 Rosengren Avenue | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied | | | City, State, Zip Code Totowa, NJ 07512 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 160 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | |
| City, State Totowa, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | Date 07/28/2017 | | | |

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



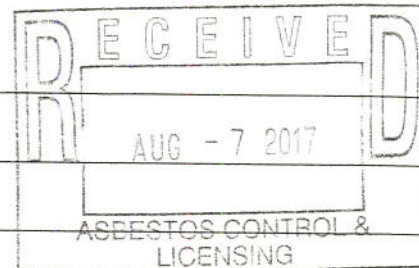
| | | | | | | | | | | |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Date of Notification (1) <div style="text-align: center;">07 / 27 / 17</div> | | Name of Building Owner/Operator (2) John Baecher | | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | | | |
| | | City, State, Zip Code Bradley Beach, NJ 07720 | | | | | | | | |
| | | Name of Contact John Baecher | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | | |
| City (5) Bradley Beach | | Square Feet 2000 sf | # of Floors 2 | | | | | | | |
| | | Bldg. Age 65 | | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | | |
| Start Date (10) <div style="text-align: center;">08 / 09 / 17</div> | Scheduled Completion Date (11) <div style="text-align: center;">08 / 10 / 17</div> | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos pipe insulation | 175 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 8/11/17 | City, State Tullytown, Pennsylvania | | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature | | | Date 7/27/17 | | | | |

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



| | | | | | | | | | |
|--|--|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07 / 27 / 17 | | Name of Building Owner/Operator (2) Keith Winters | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Nutley, NJ 07110 Name of Contact Keith Winters Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Toms River Twp. | | Square Feet 800 sf | # of Floors 1 Bldg. Age 65 | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Boat House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 08 / 10 / 17 | Scheduled Completion Date (11) 08 / 11 / 17 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 700 sf | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 8/14/17 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 7/27/17 | | | |

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



| Date of Notification (1) 07/31/2017 | | Name of Building Owner/Operator (2) F.F. DRYWALL | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 41 Vreeland Ave. Suite 35 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Totowa NJ. 07512 | | | | | | | |
| | | Name of Contact Frank Fusaro | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PRIVATE | | 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) North Haledon NJ | | Square Feet 1,600 | # of Floors 2 | | | | | | |
| | | Bldg. Age 97 | | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) N/A | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC. | | | | | | |
| Street Address | | Street Address 1126 - 51 ST. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code NORTH BERGEN NJ.07047 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201.776.0642 | License No. 01300 | | | | | | |
| Start Date (10) 08/09/2017 | Scheduled Completion Date (11) 08/09/2017 | Name of OSHA Monitor ENVIRO - PROBE | | | | | | | |
| 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 108 LIBERTY ST. | | | | | | | |
| | | City, State, Zip Code METUCHEN NJ. | | | | | | | |
| 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) 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 | 90 LF. | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TRI - STATE ASSOC INC. | | NJDEP Waste Hauler ID No. 19951 | Cubic Yards of Waste TBD | Name of Registered Landfill MINERVA ENTERPRISE INC. | | | | | |
| City, State BRONX N.Y. | | Disposal Date TBD | | City, State WAYNESBURG OHIO, | | | | | |
| Completed by CARLOS ESQUIVEL | | Title SAFETY MANAGER | Signature | Date 07/31/2017 | | | | | |

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

CHECK# 23915/23925/24001/24174/24335/24338/24420/030811

| | | | | |
|--|--|---|--|---|
| Date of Notification (1) 08-03-17 | | Name of Building Owner/Operator (2) Unilever | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 TOL & </div> |
| Agencies Notified | Type Notification | Street Address 700 Sylvan Avenue | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Englewood Cliffs, NJ | | |
| | | Name of Contact Mohnish Joshi | | |

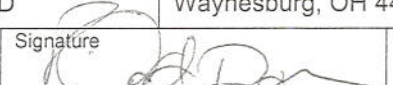
FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Street Address 700 Sylvan Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Englewood Cliffs | | Square Feet | # of Floors |
| County (6) Bergen | | Current Use (Prior if being demolished) Commercial | |
| Name of Monitoring Firm Hired by Building Owner (8) ALC Environmental | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. |
| Street Address 121 West 27th Street, Suite 402 | | Street Address 200 Broad Street | |
| City, State, Zip Code New York, NY 10001 | | City, State, Zip Code Carlstadt, NJ 07072 | |
| Project Manager for Monitoring Firm Shawn Waldron | | Telephone No. (212) 675-5544 | License No. 00756 |
| Start Date (10) 03-18-17(2)04-04-17 | Scheduled Completion Date (11) (7)11-30-17 | Name of OSHA Monitor Even-Air Inc. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | |
| <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 Long Island City, NY 11101 | |

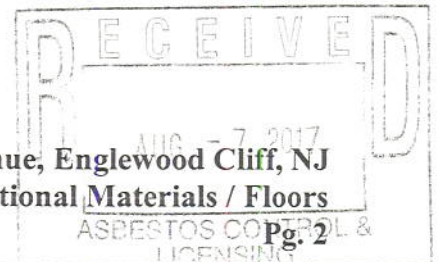
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Building D: 2nd Floor | | | x | Fireproofing | 11,000SF | x | | | |
| Building D: 1st Floor | | | x | VAT | 125SF | x | | | |
| Building D: 1st Floor | | | x | Pipe Insulation | 16LF | x | | | |
| Building D: 3rd Floor | | | x | Fireproofing | 11,000SF | x | | | |

| | | | |
|--|------------------------------------|---|--|
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises |
| City, State Shirley, NY / Bronx, NY | | Disposal Date TBD | City, State Waynesburg, OH 44688 |
| Completed by Richard Doran | Title Project Manager | Signature  | Date 08-03-17 |

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ
Additional Materials / Floors



| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
|--|--|--|---|---|
| Building D: 2nd Floor | N/A | Pipe & Fittings | 1,400LF | Removal |
| Building D: 3rd Floor | N/A | Pipe & Fittings | 1,400LF | Removal |
| Building B: Basement | N/A | Fireproofing | 144SF | Removal |
| Building B: 2nd Floor | N/A | Mastic | 1,200SF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 6LF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 11LF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 10LF | Removal |
| Building A: Ground Floor | N/A | Debris | 100SF | Removal |
| Building A: 1st Floor | N/A | Pipe Insulation | 6LF | Removal |
| (2)Under Pedestrian Bridge between Bldgs. B&C | N/A | Pipe Insulation | 60LF | Removal |
| (2)Under Pedestrian Bridge between Bldgs. A&B | N/A | Pipe Insulation | 65LF | Removal |
| (3) Building A: 3rd Floor | N/A | Glue Dots | 15,000SF | Removal |
| (5) Building B: 2 Level Cafeteria | N/A | Mastic | 8,000SF | Removal |
| Building B: 1 st Floor | N/A | VAT | 200SF | Removal |
| Building A: 2 nd Floor | N/A | Mastic | 100SF | Removal |
| Building A: 4 th Floor | N/A | VAT | 8,000SF | Removal |
| (6)Building D: 3rd Floor | N/A | Fireproofing | 120SF | Removal |
| (6)Building D: 2nd Floor | N/A | Floor Mastic | 200SF | Removal |
| (6)Building D: 2nd Floor | N/A | Wall Mastic | 100SF | Removal |
| (6)Building D: 2nd Floor | N/A | Pipe Insulation | 4LF | Removal |
| (7)Building D: Level 3 | N/A | ACM Window Caulking | 400LF | Removal |
| (7)Building D: Level 2 | N/A | ACM Window Caulking | 400LF | Removal |

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

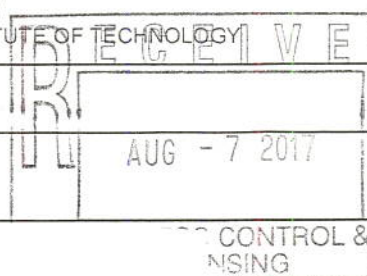
CHECK #5948

| | | | | | | | | | |
|--|---|---|--|--|--|---|--------|-------------|-----------|
| Date of Notification (1) 08-03-17 | | Name of Building Owner/Operator (2) New Jersey Department of Transportation | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG - 7 2017 ROL & </div> | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address 440 Benigno, Suite A1 | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | City, State, Zip Code Bellmawr, NJ 08031 | | | |
| | | | | | | Name of Contact Mr. Tobias Morello, RE | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Route 295 & 42 / I-76 Direct Connect | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Bellmawr, NJ 08031 | | | | Square Feet 2500SF | # of Floors 2 | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Commercial | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ACER Associates, LLC | | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | |
| Street Address 1012 Industrial Drive, | | | Street Address 200 Broad Street | | | | | | |
| City, State, Zip Code West Berlin, NJ 08091 | | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | |
| Project Manager for Monitoring Firm Matt DePalma | | Telephone No. (856) 809-1202 | | Telephone No. 201-939-6565 | License No. 00756 | | | | |
| Start Date (10) 08-07-17(1)Project Postponed | | Scheduled Completion Date (11) 08-30-17 | | 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 <input type="checkbox"/> Other - Describe: | | | | Street Address 307 West 38th Street | | | | | |
| | | | | City, State, Zip Code New York, NY 10018 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Bridge Base Rails | | | x | Caulk | 208LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste TBD | Name of Registered Landfill Grand Central Sanitary Landfill | | | | |
| City, State Newark, NJ 07105 | | | | Disposal Date TBD | City, State Pen Argyl, PA 18072 | | | | |
| Completed by Joseph Patrick | | Title Project Manager | | Signature | | Date 08-03-17 | | | |

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

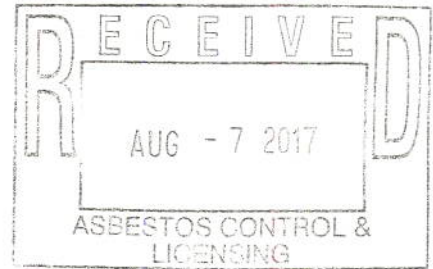
CK 31125

| | | | |
|--|---|--|--|
| Date of Notification (1) 8 / 1 /17 | | Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY | |
| Agencies Notified | | Street Address CASTLE POINT ON HUDSON | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | City, State, Zip Code HOBOKEN, NEW JERSEY 07030 | |
| | | Name of Contact DAVID FERNANDEZ | |



| | | | | | | | | | |
|--|--|--|--|---------------------------|----------------|---------|--------|-----------|-----------|
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | | | | | | | |
| Street Address 1 CASTLE POINT TERRACE | | Square Feet 20,000 | # of Floors 1 | | | | | | |
| City (5) HOBOKEN | | Bldg. Age 60 | | | | | | | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY | | | | | | | |
| Name of Monitoring Firm hired by Building Owner (8) LANGAN ENGINEERING | | ASCM No. 99 | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | | | | | | |
| Street Address 300 KIMBALL DRIVE | | Street Address 313 SPOOK ROCK ROAD | | | | | | | |
| City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 | | City, State, Zip Code SUFFERN, NEW YORK 10901 | | | | | | | |
| Project Manager for Monitoring Firm VIJAY PATEL | | Telephone Number 201-398-4544 | License Number 1101 | | | | | | |
| Expected State Date (10) 8 / 7 /17 Month Day Year | | Sched. Completion Date (11) 7 / 15 /18 Month Day Year | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM | | Name of OSHA Monitor QUALITY ENVIRONMENTL | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input type="checkbox"/> Wrap and Cut | | | | | | | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| 1ST FL. POWERHOUSE | | | X | BOILER BREECHING | 2,100 SF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE INSULATION | 165 LF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE FITTING | 100 LF | X | | | |
| 1ST FL. POWERHOUSE | | | X | TANK INSULATION | 510 SF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE FLANGE GASKET | 25 SF | X | | | |
| EXTERIOR POWERHOUSE | | | X | BOILER BREECHING | 200 SF | X | | | |
| TRENCH-EXTERIOR POWERHOUSE | | | X | PIPE INSULATION | 150 SF | X | | | |
| ROOF -POWERHOUSE | | | X | BUILT UP ROOFING | 650 SF | X | | | |
| ROOF -POWERHOUSE | | | X | ROOF MASTIC | 600 SF | X | | | |
| POWERHOUSE EXTERIOR WALL | | | X | FOUNDATION SEAM CAULK | 45 LF | X | | | |
| POWERHOUSE -THROUGHOUT | | | X | PIPE INSULATION | 35 LF | X | | | |
| Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State | NJDEP Waste Hauler ID No. 913 | Cubic Yards of Waste 160 | Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL | | | | | | |
| | | Disposal Date | City, State | | | | | | |

| | | |
|--|---------------------------------|-------------------------|
| NEWARK, NEW JERSEY 07105 | 7/24/17-7/15/18 | PLAINFIELD TOWNSHIP PA |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | Signature <i>BSS</i> |
| | | Date 8/1/17 |



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

| | | | | | | | | | |
|--|----------------------|--|--|--|--|----------------|---------|--------|-----------|
| Date of Notification (1) 7 / 21 /17 | | | Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | | Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | | | | | |
| Street Address CASTLE POINT ON HUDSON | | | City, State, Zip Code HOBOKEN, NEW JERSEY 07030 | | | | | | |
| Name of Contact DAVID FERNANDEZ | | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> DECEIVE AUG - 7 2017 TROL & </div> | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | | | | | | |
| Street Address 1 CASTLE POINT TERRACE | | | Square Feet 20,000 | # of Floors 1 | Bldg. Age 60 | | | | |
| City (5) HOBOKEN | County (6) HUDSON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING | | | ASCM No. 99 | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | | | | | |
| Street Address 300 KIMBALL DRIVE | | | Street Address 313 SPOOK ROCK ROAD | | | | | | |
| City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 | | | City, State, Zip Code SUFFERN, NEW YORK 10901 | | | | | | |
| Project Manager for Monitoring Firm VIJAY PATEL | | Telephone Number 201-398-4544 | Telephone Number 845-369-7500 | License Number 1101 | | | | | |
| Expected State Date (10) 7 / 24 /17 Month Day Year | | Sched. Completion Date (11) 7 / 15 /18 Month Day Year | | Name of OSHA Monitor QUALITY ENVIRONMENTL | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM | | | Street Address 1376 ROUTE 9 | | | | | | |
| | | | City, State, Zip Code WAPPINGERS FALLS, NY 12590 | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> Wrap and Cut | | | | | | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | | Is Location normally used solely by Maint/Custodial Staff (12) | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | Yes | No | | | N/A | REMOVAL | REPAIR | ENCAPSULE |
| 1ST FL. POWERHOUSE | | | X | BOILER BREECHING | 2,100 SF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE INSULATION | 165 LF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE FITTING | 100 LF | X | | | |
| 1ST FL. POWERHOUSE | | | X | TANK INSULATION | 510 SF | X | | | |
| 1ST FL. POWERHOUSE | | | X | PIPE FLANGE GASKET | 25 SF | X | | | |
| EXTERIOR POWERHOUSE | | | X | BOILER BREECHING | 200 SF | X | | | |
| TRENCH-EXTERIOR POWERHOUSE | | | X | PIPE INSULATION | 150 SF | X | | | |
| ROOF -POWERHOUSE | | | X | BUILT UP ROOFING | 650 SF | X | | | |
| ROOF -POWERHOUSE | | | X | ROOF MASTIC | 600 SF | X | | | |
| POWERHOUSE EXTERIOR WALL | | | X | FOUNDATION SEAM CAULK | 45 LF | X | | | |
| POWERHOUSE -THROUGHOUT | | | X | PIPE INSULATION | 35 LF | X | | | |
| Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD | | NJDEP Waste Hauler ID No. 913 | | Cubic Yards of Waste 160 | Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL | | | | |
| City, State | | | | Disposal Date | City, State | | | | |

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

CK # 31055

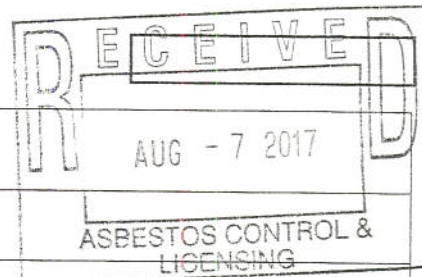
| | | | |
|---|--|--|--|
| Date of Notification (1) 7 / 7 /17 | | Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY | |
| Agencies Notified | | Street Address CASTLE POINT ON HUDSON | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code HOBOKEN, NEW JERSEY 07030 | |
| Type Notification | | Name of Contact | |
| <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | DAVID FERNANDEZ | |
| | | Telephone Number | |
| | | [REDACTED] | |

RECEIVED
AUG - 7 2017
AIR QUALITY CONTROL & CENSING

| | | | | | | | | | | | |
|--|--|--|----|---|-----------------------|---|----------|----------------|---------|--------|-----------|
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | | | | | | | |
| Street Address 1 CASTLE POINT TERRACE | | | | Square Feet 20,000 | | # of Floors 1 | | | | | |
| City (5) HOBOKEN | | County (6) HUDSON | | County Code (7) (STATE USE ONLY) | | Bldg. Age 60 | | | | | |
| Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING | | | | ASCM No. 99 | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | | | | | |
| Street Address 300 KIMBALL DRIVE | | | | Street Address 313 SPOOK ROCK ROAD | | | | | | | |
| City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 | | | | City, State, Zip Code SUFFERN, NEW YORK 10901 | | | | | | | |
| Project Manager for Monitoring Firm VIJAY PATEL | | Telephone Number 201-398-4544 | | Telephone Number 845-369-7500 | | License Number 1101 | | | | | |
| Expected State Date (10) 7 / 24 /17 Month Day Year | | Sched. Completion Date (11) 7 / 15 /18 Month Day Year | | Name of OSHA Monitor QUALITY ENVIRONMENTL | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM | | | | Street Address 1376 ROUTE 9 | | | | | | | |
| | | | | City, State, Zip Code WAPPINGERS FALLS, NY 12590 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input type="checkbox"/> Wrap and Cut | | | | | | | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | | Is Location normally used solely by Maint/Custodial Staff (12) | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | Yes | No | | | | | N/A | REMOVAL | REPAIR | ENCAPSULE |
| 1ST FL. POWERHOUSE | | | | X | BOILER BREECHING | | 2,100 SF | X | | | |
| 1ST FL. POWERHOUSE | | | | X | PIPE INSULATION | | 165 LF | X | | | |
| 1ST FL. POWERHOUSE | | | | X | PIPE FITTING | | 100 LF | X | | | |
| 1ST FL. POWERHOUSE | | | | X | TANK INSULATION | | 510 SF | X | | | |
| 1ST FL. POWERHOUSE | | | | X | PIPE FLANGE GASKET | | 25 SF | X | | | |
| EXTERIOR POWERHOUSE | | | | X | BOILER BREECHING | | 200 SF | X | | | |
| TRENCH-EXTERIOR POWERHOUSE | | | | X | PIPE INSULATION | | 150 SF | X | | | |
| ROOF -POWERHOUSE | | | | X | BUILT UP ROOFING | | 650 SF | X | | | |
| ROOF -POWERHOUSE | | | | X | ROOF MASTIC | | 600 SF | X | | | |
| POWERHOUSE EXTERIOR WALL | | | | X | FOUNDATION SEAM CAULK | | 45 LF | X | | | |
| POWERHOUSE -THROUGHOUT | | | | X | PIPE INSULATION | | 35 LF | X | | | |
| Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State | | NJDEP Waste Hauler ID No. 913 | | Cubic Yards of Waste 160 | | Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL | | | | | |
| | | | | Disposal Date | | City, State | | | | | |

Check# 2844

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 08 / 01 / 17 | | Name of Building Owner/Operator (2) Prahans Amin | |
| 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 Manville, NJ 08835 | |
| | | Name of Contact Prahans Amin | 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 | # of Floors |
| City (5) Manville, NJ 08835 | | Bldg. Age | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC |
| Street Address | | Street Address 576 Valley Rd #283 | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-638-1777 | License No. 01127 |
| Start Date (10) 08 / 14 / 17 | Scheduled Completion Date (11) 08 / 15 / 17 | 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)

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

- ☒ Renovation
☐ Demolition

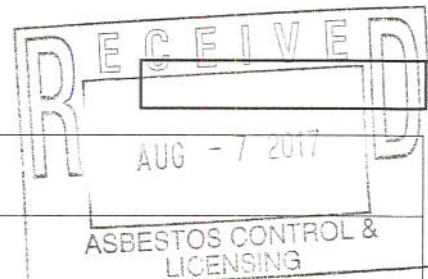
- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) 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 | 60 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 08/01/17 |

Check# 2846

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



| | | | |
|---|--|--|--|
| Date of Notification (1) 08 / 01 / 17 | | Name of Building Owner/Operator (2) Valery Montgomery | |
| 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) | | Street Address [REDACTED] City, State, Zip Code East Orange, NJ 07017 | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Name of Contact Valery Montgomery Telephone Number | |

FACILITY INFORMATION

| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) East Orange, NJ 07017 County (6) Essex | | 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.) Square Feet # of Floors Bldg. Age | |
| County Code (7) (STATE USE ONLY) Essex | | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-638-1777 | License No. 01127 |

| | | | |
|---|--|---|--|
| Start Date (10) 08 / 12 / 17 | Scheduled Completion Date (11) 08 / 14 / 17 | 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 checked="" 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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"/> | Pipe insulation | 200 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler insulation | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

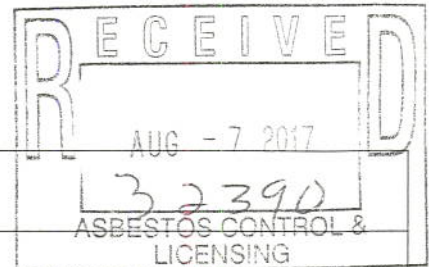
| | | | | | |
|--|--|--|-----------------------------|---|--|
| Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | |
| Disposal Date TBD | | Completed By (Print or Type) N.Jevtic | | Title Owner | Signature [Signature] Date 08/01/17 |

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

CK# 1118

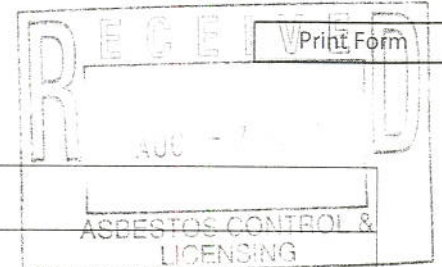
| Date of Notification (1) 8/2/17 | | Name of Building Owner/Operator (2) Jaime Patriarca | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 ASBESTOS CONTROL & LICENSING </div> | | | | | |
|---|---|---|---|---|--|---|--------|-------------|-----------|
| Agencies Notified | | Type Notification | | | | Street Address | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | City, State, Zip Code Verona, NJ Name of Contact Jaime Patriarca | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | 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) Verona | | | | Square Feet 2000 | # of Floors 2 | | | | |
| County (6) Essex | | | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential House | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | |
| Street Address n/a | | | Street Address 360 Palisade Ave | | | | | | |
| City, State, Zip Code n/a | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm n/a | | | Telephone No. n/a | Telephone No. 973460.6026 | License No. 01255 | | | | |
| Start Date (10) 8/5/17 | | Scheduled Completion Date (11) 8/9/17 | | Name of OSHA Monitor Harmony Contracting Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 360 Palisade Ave | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u> | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | VAT | 50 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting Inc | | | NJDEP Waste Hauler ID No. 033058 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Garfield, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Tina Caporino | | | Title Secretary | Signature <i>Tina Caporino</i> | | Date 8/5/17 | | | |

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



| Date of Notification (1) 08 / 02 / 17 | | Name of Building Owner/Operator (2) Dover Construction | | | | | | | |
|--|---|---|----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 695 East Bay Avenue City, State, Zip Code Barnegat, NJ 08005 Name of Contact Curt Kelly Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 427 Main Street | | Square Feet 1500 sf | | | | | | | |
| City (5) Cedarville | | # of Floors 1 | Bldg. Age 65 | | | | | | |
| County (6) Cumberland | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 08 / 14 / 17 | Scheduled Completion Date (11) 08 / 15 / 17 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 625 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 08/16/17 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | | Date 8/2/17 | | |

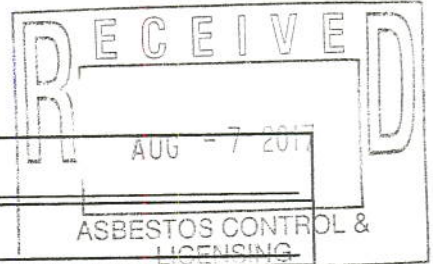
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 8/2/17 | | Name of Building Owner/Operator (2) Terri Fletcher | | | | | | | |
| 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 Toms River, NJ 08753 | | | | | | | |
| | | Name of Contact Erik Mueller | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] Toms River | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Toms River | | Bldg. Age | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 8/4/17 | Scheduled Completion Date (11) 8/7/17 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | Transite Panels | 150SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 8/7/17 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date | | | |

CH 1813

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



| | | | |
|---|--|--|---------------------------|
| Date of Notification (1) <u>8/2/17</u> | | Name of Building Owner/Operator (2) <u>City of Camden</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>SS Jackson 87 W of 9th Street</u> | |
| | | City, State, Zip Code <u>Camden NJ</u> | |
| | | Name of Contact <u>James Rizzo</u> | Telephone Number _____ |

| FACILITY INFORMATION | | | |
|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3) <u>Industrial Building</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 8 commercial buildings, homes, etc.) | |
| Street Address <u>SS Jackson 87 W of 9th Street</u> | | Square Feet <u>3500 SF</u> | # of Floors <u>1</u> |
| City (s) <u>Camden NJ</u> | | Bldg. Age <u>50 yrs</u> | |
| County (6) <u>Camden</u> | County Code(7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Abandoned Warehouse</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) _____ | | ASCM No. _____ | Name of Abatement Contractor (9) <u>AEi2, LLC</u> |
| Street Address _____ | | Street Address <u>361 E. Fleming Pike</u> | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Hammononton, NJ 08037</u> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>609-481-2122</u> | License No. <u>00689</u> |
| Start Date (10) <u>8/3/17</u> | Scheduled Completion Date (11) <u>8/7/17</u> | Name of OSHA Monitor <u>AEi2, LLC</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 <u>361 E. Fleming Pike</u> | |
| | | City, State, Zip Code <u>Hammononton, NJ 08037</u> | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|---------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure |
| Roof | | | X | Flashing | 100 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|------------------------------|---|----------------------------------|--|--|
| Name of Registered Waste Hauler <u>AEi2, LLC</u> | | NJDEP Waste Hauler ID No. <u>21376</u> | Cubic Yards of Waste <u>1</u> | Name of Registered Landfill <u>ACUA</u> | |
| City, State <u>Hammononton, NJ</u> | | Disposal Date <u>TBD</u> | | City, State <u>TBD</u> | |
| Completed By <u>Wm. Minnick</u> | Title <u>Program Mgr.</u> | Signature | Date <u>8/2/17</u> | | |

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ASBESTOS CONTROL &
LICENSING

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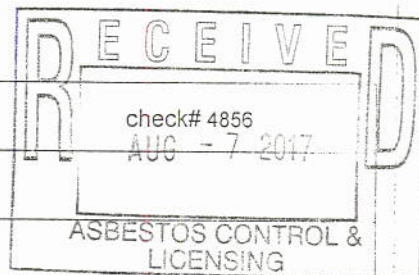
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | |
|---|--|--|--|---|---------------------|
| Date of Notification (1) 7/30/17 | | Name of Building Owner/Operator (2) Mike Albanese | | AUG 1 2017 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Mike Albanese | |
| 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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1800 SF | | |
| City (a) Cherry Hill, NJ 08034 | | | # of Floors 2 | | Bldg. Age 25 yrs |
| County (b) Camden, NJ | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (6) | |
| Street Address | | | | AEI2, LLC | |
| City, State, Zip Code | | | | 361 E. Fleming Pike | |
| Project Manager for Monitoring Firm | | Telephone No. | | City, State, Zip Code Hammonton, NJ 08037 | |
| Start Date (10) 8/2/17 | | Scheduled Completion Date (11) 8/8/17 | | Telephone No. 609-481-2122 | |
| 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: | | | | License No. 00689 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Min. Enclosure <input type="checkbox"/> Govebag 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 | | Amount (Specify SF or LF) | |
| Yes No N/A | | Yes No N/A | | Yes No N/A | |
| Attic | | Vermiculite | | 600 sf | |
| Name of Registered Waste Hauler AEI2, LLC | | NJ DEP Waste Hauler ID No. 21376 | | Name of Registered Landfill TBD | |
| City, State Hammonton, NJ 08037 | | Disposal Date TBD | | City, State TBD | |
| Completed By Wm. Minnick | | Title Program Mgr. | | Date 7/30/17 | |

423:49

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)



no ck
Date of Notification (1)
08/01/2017

Name of Building Owner/Operator (2)
East Brunswick Public Schools

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

Type Notification

☐ Initial
☒ Amended
Amendment # 1
Emergency (including justification)
☐ Cancellation

Street Address
760 Route 18

City, State, Zip Code
East Brunswick, NJ 08816

Name of Contact
Gerald Schenck

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
High school

Type of Facility (4)

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

Street Address
380 Cranbury Road

City (5)
East Brunswick

Square Feet # of Floors Bldg. Age

County (6)
Middlesex

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
school

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Design, Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
5434 King Ave

Street Address
606 McBride Ave

City, State, Zip Code
Pennsauken, NJ 08109

City, State, Zip Code
Woodland Park, New Jersey

Project Manager for Monitoring Firm
Jay Murray

Telephone No
856-616-9516

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
08-14-2017

Scheduled Completion Date (11)
08-22-2017

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) 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 |
| Kitchen freezer area | | | x | TSI(asbestos&non-asbestos) | 500 LF | x | | | |
| Kitchen freezer area | | | x | VAT/Mastic | 170 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler

Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S Landfill

City, State
Woodland Park, New Jersey

Disposal Date

City, State
Morrisville, PA

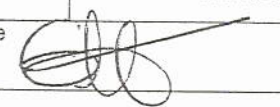
Completed by
Momo Glavatovic

Title
Project manager

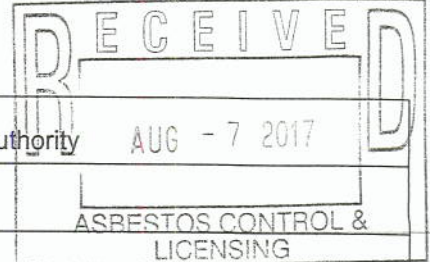
Signature

Date
08/01/2017

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

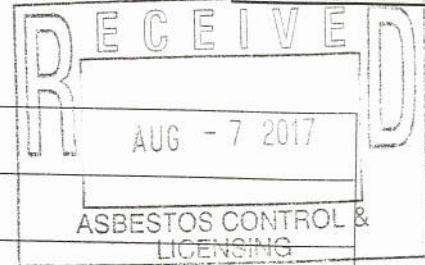
| | | | | | | | | | |
|--|---|---|---|---|---|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/01/2017 | | Name of Building Owner/Operator (2) Livingston Board of Education | | check# 4864 | | | | | |
| Agencies Notified | Type Notification | Street Address 11 Foxcroft Drive | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 </div> | | | | | |
| <input 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 Livingston, NJ 07039 | | | | | | | |
| | | Name of Contact James Perrette | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mt. Pleasant Middle school | | | Type of Facility (4) | | | | | | |
| Street Address 11 Broadlawn Drive | | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Livingston | | | Square Feet | # of Floors | Bldg. Age | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) school | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. _____ | | Name of Abatement Contractor (9) Lilich Corporation | | | | | |
| Street Address 555 S. Broad Street | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Glen Rock, NJ 07452 | | City, State, Zip Code Woodland Park, New Jersey | | | | | | | |
| Project Manager for Monitoring Firm Bruce Wolf | | Telephone No. 201-652-1119 | | Telephone No. 973-225-8400 | License No. 01104 | | | | |
| Start Date (10) 08-10-2017 | | Scheduled Completion Date (11) 08-11-2017 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | |
| 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure/ Tent <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 |
| Room # 201 | | | x | Glue dabs | 8 SF | x | | | |
| Room # 201 | | | x | VAT/Mastic | 24 SF | x | | | |
| Room # 201 | | | x | Table top | 16 SF | x | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S Landfill | | | | |
| City, State Woodland Park, New Jersey | | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Momo Glavatovic | | Title Project manager | | Signature  | | Date 08/01/2017 | | | |

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



| Date of Notification (1) 2/21/17 | | Name of Building Owner/Operator (2) Cape May County Municipal Utilities Authority | | | | | | | |
|--|--|--|--|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address PO Box 610 | | | | | | | |
| <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 Cape May Court House NJ 08210 | | | | | | | |
| | | Name of Contact JR | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Office Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1523 US Route 9 | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Cape May Court House NJ 08210 | | Bldg. Age 35+ | | | | | | | |
| County (6) Cape May | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Office Building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 8/14/17 | Scheduled Completion Date (11) 8/22/17 | 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) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior siding | | | x | exterior siding | 2100 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Transformation | | NJDEP Waste Hauler ID No. 18952 | Cubic Yards of Waste 5 | Name of Registered Landfill Cape May County landfill | | | | | |
| City, State Egg Harbor NJ | | Disposal Date 8/22/17 | | City, State Woodbine NJ 082790 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature | | | Date 8/1/17 | | | |

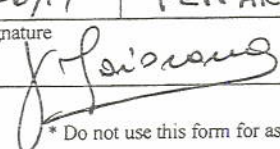
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



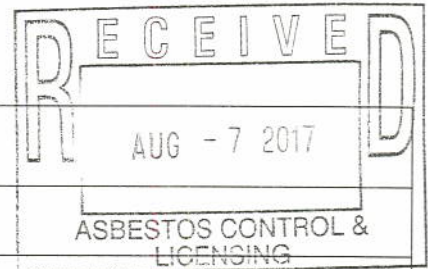
| Date of Notification (1) 07/31/17 | | Name of Building Owner/Operator (2) Joseph Brown, Jr. | | | | | | | |
|--|---|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> 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 Haskell, NJ 07420 Name of Contact Frank Abate Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private House | | 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) Haskell | | Square Feet | # of Floors | | | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor | | ASCM No. | Name of Abatement Contractor (9) Academy Construction Inc. | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| Start Date (10) 08/12/17 | | Scheduled Completion Date (11) 08/19/17 | Name of OSHA Monitor Same as above | | | | | | |
| 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe Insulation | 75 LF | X | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Academy Construction Inc. | | NJDEP Waste Hauler ID No. 034422 | Cubic Yards of Waste 2 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Filip Geleski | | Title Supervisor | | Signature <i>Filip Geleski</i> | | Date 07/31/17 | | | |

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

CIC 4203

| Date of Notification (1) 8/1/17 | | Name of Building Owner/Operator (2) PRESBYTERIAN CHURCH OF LEONIA | | | | | | | |
|---|--|---|---|--|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 181 FORT LEE RD | | | | | | | |
| | | City, State, Zip Code LEONIA . NJ. 07605 | | | | | | | |
| | | Name of Contact MR. PETER SHANNO | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PRESBYTERIAN CHURCH OF LEONIA | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 181 FORT LEE RD | | | | | | | | | |
| City (5) LEONIA | | Square Feet 6000 | # of Floors 1 | | | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 1901 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES | | ASCM No. 00012 | Name of Abatement Contractor (9) BEST REMOVAL INC | | | | | | |
| Street Address 300 GRAND AVE | | Street Address 450 SOUTH RIVER ST | | | | | | | |
| City, State, Zip Code ENGLEWOOD . NJ. 07631 | | City, State, Zip Code HACKENSACK . NJ. 07601 | | | | | | | |
| Project Manager for Monitoring Firm ANTHONY VALENTINE | | Telephone No. 201-569-6708 | Telephone No. 201 329-7444 | | | | | | |
| Start Date (10) 8/19/17 | | Scheduled Completion Date (11) 8/26/17 | License No. 00388 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor OMEGA ENVIRONMENTAL | | | | | | | |
| | | Street Address 280 HUYER ST | | | | | | | |
| | | City, State, Zip Code SOUTH HACKENSACK . NJ 07606 | | | | | | | |
| 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 | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BOILER ROOM / CRAWL SPACE | | | X | THERMAL SYSTEMS INSULATION | 350 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 15 CYS | Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL | | | | | |
| City, State NEWARK . NJ | | Disposal Date 8/26/17 | | City, State PEN ARGYL, PA. 18072 | | | | | |
| Completed by J. MAIORANO | | Title ESTIMATOR | Signature  | | | Date 8/1/17 | | | |

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



| Date of Notification (1) 7 / 31 / 17 | | Name of Building Owner/Operator (2) Runnemede School District | | | | | | | |
|---|--|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 505 West Third Avenue | | | | | | | |
| | | City, State, Zip Code Runnemede, NJ 08078 | | | | | | | |
| | | Name of Contact Frank Hines | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Aline Bingham Elementary School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 100 Orchard Avenue | | | | | | | | | |
| City (5) Runnemede | | Square Feet 50,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 90 | | | | | | | |
| County (6) Camden | | County Code (7)(STATE USE ONLY) | | | | | | | |
| | | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC | | ASCM No. 00098 | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address 3 Terri Lane | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm John R. Lutz | | Telephone No. 609-386-8800 | Telephone No. 856-755-0099 | | | | | | |
| | | License No. 00842 | | | | | | | |
| Start Date (10) 08 / 14 / 17 | Scheduled Completion Date (11) 08 / 18 / 17 | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 170 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 33 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 30 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS North Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 08/18/2017 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Vice President of Operations | | Signature | | Date 7/31/17 | | | |

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

Check # 11975

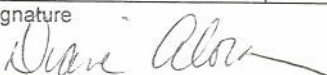
| | | | |
|--|---|---|--|
| Date of Notification (1) August 1, 2017 | | Name of Building Owner / Operator (2) Bank of America Mortgage | |
| Agencies Notified | Type Notification | Street Address | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED AUG - 7 2017 ASBESTOS CONTROL & LICENSING </div> |
| <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"/> Cancellation | 1125 Route 22 West City, State & Zip Code Bridgewater, NJ 08807 | |
| | | Name of Contact | |

FACILITY INFORMATION

| | | | |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bank of America Mortgage | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| Street Address 1125 Route 22 West | | Square Feet 112,000 | # of Floors 2 |
| City (5) Bridgewater | | Bldg. Age 34 | |
| County (6) Monmouth | | Current Use (Prior if being demolished) Office Building | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc. | | ASCM No. | |
| Street Address 655 Third Avenue | | Name of Abatement Contractor (9) Synatech, Inc. | |
| City, State & Zip Code New York, NY 10017 | | Street Address 829 Radio Road | |
| Project Manager for Monitoring Firm Victor Cheban | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Telephone Number 646-617-1059 | | Telephone Number 609-296-6916 | License Number 00817 |
| Scheduled Start Date (10) August 12, 2017 | Scheduled Completion Date (11) September 12, 2017 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Name of OSHA Monitor Synatech, Inc. | |
| | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

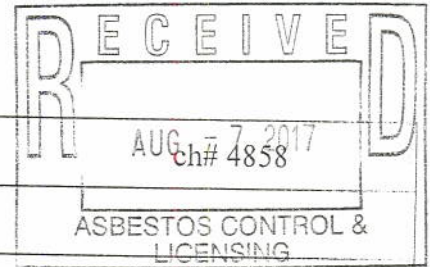
Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 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 |
| Loading Dock Area and HV Room | | | X | Floor Tile and Mastic | 350 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | | Cubic Yards of Waste 5 | Name of Registered Landfill Fairless Hills | | | | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date September 13, 2017 | | City, State Morrisville, PA | | | | | |
| Completed By Diane Aloia | | Title Executive Administrator | | Signature  | | | Date August 1, 2017 | | |

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

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



| | | | |
|--|--|--|--|
| Date of Notification (1) 07/31/2017 | | Name of Building Owner/Operator (2) Elizabeth Board of Education | |
| Agencies Notified <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 | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 500 N. Broad Street City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Luis Milanes | |

| | | | | | |
|--|--|--|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Terrence Reilly school # 7 | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 436 First Ave | | City (5) Elizabeth | | Square Feet | # of Floors |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) school | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | |
| Street Address 300 Grand Ave | | Street Address 606 McBride Ave | | | |
| City, State, Zip Code Englewood, NJ 07231 | | City, State, Zip Code Woodland Park, NJ 07424 | | | |
| Project Manager for Monitoring Firm Anthony Valentine | | Telephone No. 201-569-6708 | Telephone No. 973-225-8400 | License No. 01104 | |
| Start Date (10) 08-11-2017 | Scheduled Completion Date (11) 08-13-2017 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied start 3 pm; sat-sun 7am | | | Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083 | | |

Scope of Work (Check All That Apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure LIMITED CONTAINMENT |
| | | <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 |
| gym area | | x | | pipe insulation | 126 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------------|------------------------------------|----------------------|---|--|
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste | Name of Registered Landfill GROWS Landfill | |
| City, State Woodland Park, New Jersey | | | Disposal Date | City, State Morrisville, PA | |
| Completed by Momo Glavatovic | Title project manager | Signature | Date 07/31/2017 | | |

| | | | | |
|---|--|--|--|--|
| Date of Notification (1) 07/31/17 | | Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D. | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | | Street Address 1445 Rt. 31 S. | | |
| Type Notification | | City, State, Zip Code Annandale, NJ 08801 | | |
| <input 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | | |
| | | Name of Contact William Mowery, Facilities Director | | |
| | | Telephone Number | | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Voorhees High School Street Address 256 Route 513 City (5) Glen Gardner, NJ 08826 | | | 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.) Square Feet # of Floors Bldg. Age 50,000 2 50 Current Use (Prior if being demolished) School Building | | |
| County (6) Hunterdon | | County Code (7) (STATE USE ONLY) | | Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 | |
| Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates. Street Address 3 Crosswicks St. City, State, Zip Code Bordentown, NJ 08505 | | ASCM No. 004 | | Telephone Number 609-298-5520 | |
| Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer | | Telephone Number 609-298-5520 | | License Number 00807 | |
| Scheduled Start Date (10) 08/11/17 Month / Day / Year | | Sched. Completion Date (11) 08/14/17 Month / Day / Year | | Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | | | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by 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 | | | | |
|--|--|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---------------------------------|---|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C O S U R | E |
| Green House behind the school | X | Transide panels, trays and racks | 1,200 SF | X | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | |
|---|--|------------------------------------|--|----------------------|--|---|--|
| Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ | | NJDEP Waste Hauler ID No. 12609 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA | |
| Disposal Date | | Signature | | Date 7/31/17 | | | |
| Completed By (Print or Type) Bilyana Kulakovska | | Title Office Administrator | | | | | |

| | | | | |
|---|--|--|--|--|
| Date of Notification (1) <u>0</u> / <u>7</u> / <u>3</u> <u>1</u> / <u>1</u> / <u>7</u> | | Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D. | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address 1445 Rt. 31 S. | | |
| <input type="checkbox"/> JEPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Annandale, NJ 08801 | | |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact William Mowery, Facilities Director | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Voorhees High School Street Address 256 Route 513 City (5) Glen Gardner, NJ 08826 | | | 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.) Square Feet 50,000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) School Building | | |
| County (6) Hunterdon | | County Code (7) (STATE USE ONLY) | | Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807 | |
| Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates. Street Address 3 Crosswicks St. City, State, Zip Code Bordentown, NJ 08505 Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer Telephone Number 609-298-5520 | | ASCM No. 004 | | Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013 | |
| Scheduled Start Date (10) <u>0</u> / <u>8</u> / <u>1</u> <u>1</u> / <u>1</u> / <u>7</u> Month / Day / Year | | Sched. Completion Date (11) <u>0</u> / <u>8</u> / <u>1</u> <u>4</u> / <u>1</u> / <u>7</u> Month / Day / Year | | Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | | | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by 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 | | | | |
|--|--|--|---------------------------|-------------------------------------|---|---|---|--|
| | | | | R | R | E | E | |
| Green House behind the school | <input checked="" type="checkbox"/> | Transide panels, trays and racks | 1,200 SF | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | |
|---|--|------------------------------------|--|----------------------|--|---|--|
| Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ | | NJDEP Waste Hauler ID No. 12609 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA | |
| Completed By (Print or Type) Bilyana Kulakovska | | Title Office Administrator | | Signature | | Date 7/31/17 | |

07/31/2017 16:20 FAX

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

RECEIVED
AUG - 7 2017
0003/0004
ASBESTOS CONTROL & CENSUS OFF 4860
JUL 11 2017

CK 4860

| Date of Notification (1) 07/31/2017 | | Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <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 | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | Street Address 1 Crest Way City, State, Zip Code Aberdeen, NJ 07747 Name of Contact Adam Nasr | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Lloyd Road School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.) | | | | | | | |
| Street Address 401 Lloyd Road | | Square Feet | # of Floors | | | | | | |
| City (5) Matawan | | Bldg. Age | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) school | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASOM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 120 North Warren Street | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Rollie Jones | | Telephone No. 609-273-1396 | Telephone No. 973-225-8400 | | | | | | |
| Start Date (10) 08-03-2017 | | Scheduled Completion Date (11) 08-04-2017 | License No. 01104 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 4 pm | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | | |
| | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure - O&M work <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 |
| mezzanine-storage behind the stage | | x | | filing insulation | 30 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Woodland Park, New Jersey | | | Disposal Date | City, State Morrisville, PA | | | | | |
| Completed by Momo Glavatovic | | Title project manager | Signature | | Date 07/31/2017 | | | | |

07/31/2017 16:12 FAX

CH4859

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

RECEIVED
AUG - 7 2017
CHECK # 4859
ASBESTOS CONTROL &
LICENSING
JUL 11 2017

| | | | |
|---|---|--|---|
| Date of Notification (1) 07/31/2017 | | Name of Building Owner/Operator (2) Matawan Aberdeen regional School District | |
| Agencies Notified | Type Notification | Street Address 1 Crest Way | City, State, Zip Code Aberdeen, NJ 07747 |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | Name of Contact Adam Nasr | |

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Ravine Drive Elementary school | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 170 Ravine Drive | | Square Feet | # of Floors |
| City (5) Matawan | | Bldg. Age | |
| County (6) Monmouth | | Current Use (Prior if being demolished) school | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation |
| Street Address 120 North Warren Street | | Street Address 806 McBride Ave | |
| City, State, Zip Code Prenton, NJ 08608 | | City, State, Zip Code Woodland Park, New Jersey | |
| Project Manager for Monitoring Firm Rollie Jones | | Telephone No. 809-273-1396 | Telephone No. 973-225-8400 |
| Start Date (10) 08-02-2017 | | Scheduled Completion Date (11) 08-03-2017 | License No. 01104 |
| 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: start at 4 pm | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | |
| Street Address 2333 Route 22 West | | City, State, Zip Code Union, NJ 07083 | |

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) 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 |
| 1st floor | | | x | Fitting Insulation | 30 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|---|--------------------------|------------------------------------|---------------------------------|---|
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S Landfill |
| City, State Woodland Park, New Jersey | | Disposal Date | City, State Morrisville, PA. | |
| Completed by Momo Glavatovic | Title Project manager | Signature | Date 07/31/2017 | |

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

B & G proj. #: 2017-106

EMERGENCY

Check # 8516

| | | | | |
|---|---|--|--|---|
| Date of Notification (1) <u>08/02/17</u> | | Name of Building Owner/Operator (2) Washington Board of Education | | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">AUG - 7 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">ASBESTOS CONTROL & LICENSING</div> |
| Agencies Notified | Type Notification | Street Address One East Front Street | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Washington, NJ 07888 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Mike Angeloni | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Port Colden School **** NON SUB 8 **** | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 30 Port Colden Road | | | Square Feet # of Floors Bldg. Age 2 60+ | | |
| City (5) Washington Township | County (6) Warren | County Code (7) (State use only) | Current Use (Prior if being demolished) NON-SUB 8 | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental | | ASCM No. 0090 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 401 St James Avenue | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Phillipsburg, NJ 08865 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Jonathan Gilbert | | Phone Number 856-625-2045 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 08/03/2017 | | Sched. Completion Date (11) 08/08/2017 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>limited occupancy</u> | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Short Hall | | | <input checked="" type="checkbox"/> | VAT & mastic | 1400 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Hall | | | <input checked="" type="checkbox"/> | VAT & mastic | 850 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"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 15 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 08/08/2017 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/02/2017 |

B & G proj. #: 2017-106

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

EMERGENCY

Check # 8516

AUG - 7 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1)

08/02/17

Name of Building Owner/Operator (2)

Washington Board of Education

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

One East Front Street

City, State, Zip Code

Washington, NJ 07888

Name of Contact

Mike Angeloni

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Port Calden School *** NON SUB g ***

Street Address

30 Port Calden Road

City (5)

Washington Township

County (6)

Warren

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

2

60+

Current Use (Prior if being demolished)

NON-SUB g

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

RK Occupational & Environmental

ASCM No.

0090

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

401 St James Avenue

Street Address

105 Ryerson Road

City, State, Zip Code

Phillipsburg, NJ 08865

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Jonathan Gilbert

Phone Number

866-625-2045

Telephone Number

(973)696-8869

License Number

00378

Scheduled Start Date (10)

08/03/2017

Sched. Completion Date (11)

08/03/2017

Occupancy Status During Abatement (Check only one)

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

Describe:

Other-Describe:

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☐ Glovebag procedure☐ >3 sf or >2 lf☒ >160 sf or >260 lf☐ Mini-enclosure☒ Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R

e

m

o

v

e

n

c

e

n

c

l

Short Hall

VAT & mastic

1400 sf

Long Hall

VAT & mastic

850 sf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
15

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ

Disposal Date

08/08/2017

City, State

Tullytown, PA

Completed by (Print or Type)

Gordane Luna

Title
Secretary/Treasurer

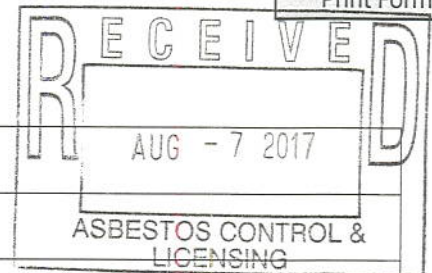
Signature

Gordane Luna

Date

08/02/2017

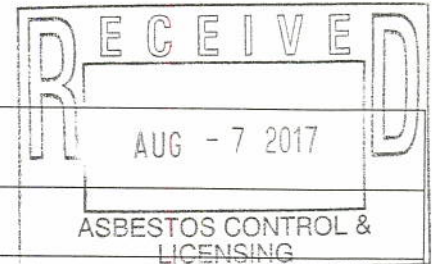
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1) 8/3/2017 | | Name of Building Owner/Operator (2) PATERSON PUBLIC SCHOOLS | | | | | | | |
| Agencies Notified | Type Notification | Street Address 90 DELAWARE AVENUE | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 PATERSON, NJ 07503 | | | | | | | |
| | | Name of Contact STEVE MORLINO | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PS 3 | | Type of Facility (4) | | | | | | | |
| Street Address 448 MAIN STREET | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) PATERSON | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) PASSAIC | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC. | | ASCM No. | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. | | | | | | |
| Street Address 1253 NORTH CHURCH STREET | | Street Address 11 VREELAND AVENUE | | | | | | | |
| City, State, Zip Code MORRISTOWN, NJ 08057 | | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm JIM GUILARDI | | Telephone No. 856-840-8800 | Telephone No. 973-956-8700 | | | | | | |
| | | License No. 00494 | | | | | | | |
| Start Date (10) 8/17/2017 | Scheduled Completion Date (11) 8/31/2017 | | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | |
| 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: UNOCCUPIED | | | 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) 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 |
| CLASSROOM 5 | | X | | WALL PLASTER ONLY | 1,000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 10 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State TOTOWA, NJ | | Disposal Date 8/31/2017 | | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVECA RAMOS | | Title PROJECT COORDINATOR | | Signature <i>Viveca Ramos</i> | | | | Date 8/3/2017 | |

CK4173


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



| | | | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 3 / 17 | | Name of Building Owner/Operator (2) Holy Angels Parish | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 64 Cooper Street City, State, Zip Code Woodbury, NJ 08096 Name of Contact Robert Curtis Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Holy Angels Catholic School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 211 Cooper Street | | Square Feet 50,000 | | | | | | | |
| City (5) Woodbury | | # of Floors 2 | Bldg. Age 90 | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc. | | ASCM No. 00073 | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address 301 9th Street | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Thorofare, NJ 08086 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Steve Flannigan | | Telephone No. 856-848-0800 | Telephone No. 856-755-0099 | | | | | | |
| Start Date (10) 08 / 28 / 17 | | Scheduled Completion Date (11) 09 / 01 / 17 | License No. 00842 | | | | | | |
| 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: 7:00AM-5:00PM/____PM-____AM | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Street Address 200 Route 130 North | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation Fittings | 75 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS North Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 09/01/2017 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Vice President of Operations | | Signature | | Date 8/3/17 | | | |

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

CK 6253

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|---|---|---|-----|--|---|--|--------|-------------|-----------|
| Date of Notification (1) 8/3/17 | | Name of Building Owner/Operator (2) Camden City Schools District | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 7 2017 </div> | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address 201 N. Front Street | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | City, State, Zip Code Camden NJ 08102 | | | |
| | | | | | | Name of Contact Scott | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson High School | | | | Type of Facility (4) | | | | | |
| Street Address 3100 Federal Street | | | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Camden NJ 08102 | | | | Square Feet 1000+ | # of Floors 2 | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) _____ | | Bldg. Age 35+ | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) SMITHCO. ENGINEERING GROUP, INC. | | ASCM No. | | Name of Abatement Contractor (9) Pernaco Inc. | | | | | |
| Street Address 808 Market Street, Suite 336 | | | | Street Address PO Box 329 | | | | | |
| City, State, Zip Code Camden, New Jersey 08102 | | | | City, State, Zip Code West Berlin NJ 08091 | | | | | |
| Project Manager for Monitoring Firm Sean Smith | | Telephone No. 856.365.9111 | | Telephone No. 856-753-9800 | License No. 00727 | | | | |
| Start Date (10) 8/3/17 | | Scheduled Completion Date (11) 8/4/17 | | 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 checked="" type="checkbox"/> Other - Describe: <u>after 4 pm</u> | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Library | | | x | floor tile mastic | 20 sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S. | | | | |
| City, State Elm NJ | | Disposal Date 8/4/17 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | Date 8/3/17 | | | |

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

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|---|---|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 8-4-17 | | Name of Building Owner/Operator (2) Matthew Anderson | | | | | | | |
| 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 [REDACTED] City, State, Zip Code Bound Brook, NJ 08805 Name of Contact Matthew | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | 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 2 # of Floors 2 Bldg. Age 80+ | | | | | | | |
| City (5) Bound Brook NJ 08805 | County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 8-17-17 | Scheduled Completion Date (11) 8-17-17 | | Name of OSHA Monitor EPC Technologies Inc | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | Pipe Insulation | 100 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 8-18-17 | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | | Signature Steve Schenker | | Date 8-4-17 | | | |

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

CR# 026731

| | | | |
|--|---|--|---------------------------|
| Date of Notification (1) 08/02/17 | | Name of Building Owner/Operator (2) D & R Verona Urban Renewal, LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type 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 215 State Highway 17 South | |
| | | City, State, Zip Code Wood-Ridge, NJ 07075 | |
| | | Name of Contact Mr. Sean Hietanen | Telephone Number _____ |

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| FACILITY INFORMATION | | | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Annin Lofts | | 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 141-163 Bloomfield Avenue | | Square Feet 5,000 + | # of Floors 2 | | | | | | |
| City (5) Verona | | Bldg. Age 50 + | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. | | | | | | |
| Street Address | | Street Address 1141 Route 23 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-628-9200 | License No. 00408 | | | | | | |
| Start Date (10) 08/12/17 | Scheduled Completion Date (11) 09/12/17 | Name of OSHA Monitor Enviro Vision 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 <input type="checkbox"/> Other - Describe: _____ | | 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 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | | X | Window Caulking | 10 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc. | NJDEP Waste Hauler ID No. 17819 | Cubic Yards of Waste 10 | Name of Registered Landfill Grand Central Landfill |
| City, State Wayne, New Jersey | Disposal Date | City, State Pen Argyl, Pennsylvania | |
| Completed by Jerry Bijelonic | Title Project Manager | Signature | Date 08/02/17 |

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

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|--|---|--|--|
| Date of Notification (1) 7/17/17 | | Name of Building Owner / Operator (2) Verizon | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-7/28/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 95 William Street City, State & Zip Code Newark, NJ 07107 Name of Contact Alex Baylor | |

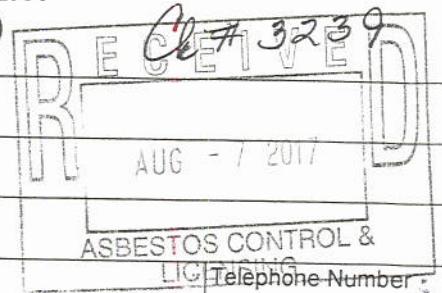
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 ASBESTOS CONTROL &

| FACILITY INFORMATION | | | | | |
|--|----------------------------|---|---|---|---------------------------|
| Name of Facility Where Abatement is Taking Place (3) Market Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 95 William Street | | | Square Feet 425000 | # of Floors 12 | Bldg. Age 70+/- |
| City (5) Newark | County (6) Essex | County Code (7) | Current Use (Prior if being demolished) Communications | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 Enterprise Avenue | | Street Address 1123 BEAVER STREET | | | |
| City, State & Zip Code Philadelphia Pa 19153 | | City, State & Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | License Number 00509 | |
| Scheduled Start Date (10) ON HOLD | | Scheduled Completion Date (11) | | 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 Hours – 7am to 3pm Describe: 5 PM – 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State & Zip Code BRISTOL, PA 19007 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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 |
| 1st Floor Generator Room PIT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transite Bus Duct | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Cable Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transite Bus Duct | 32 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor Switch Board Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 100SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Cable Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ACM Putty | 5 LF | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--|--|--------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date TBD | | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) Patrick T. DeCaro | | Title PROJ. MGR. | Signature <i>Patrick T. DeCaro / jc</i> | | Date 7/17/2017 |

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



| | | | |
|--|---|---|--|
| Date of Notification (1) 7/17/17 | | Name of Building Owner / Operator (2) Verizon | |
| Agencies Notified | Type Notification | Street Address 95 William Street | |
| <input checked="" type="checkbox"/> EPA 0690 | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Newark, NJ | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Alex Baylor | |
| <input checked="" type="checkbox"/> DOL 0669 | <input type="checkbox"/> Emergency | Telephone Number | |
| <input checked="" type="checkbox"/> DOH 0706 | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|---|--------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Market Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 95 William Street | | | Square Feet 425000 | # of Floors 12 | Bldg. Age 70+/- |
| City (5) Newark | County (6) Essex | County Code (7) | Current Use (Prior if being demolished) Communications | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 Enterprise Avenue | | | Street Address 1123 BEAVER STREET | | |
| City, State & Zip Code Philadelphia Pa 19153 | | | City, State & Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | | License Number 00509 |
| Scheduled Start Date (10) 7/31/17 | Scheduled Completion Date (11) 8/11/17 | | 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 Hours – 7am to 3pm Describe: 5 PM – 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State & Zip Code BRISTOL, PA 19007 | | |

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" 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 |
| 1st Floor Generator Room PIT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transite Bus Duct | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Cable Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transite Bus Duct | 32 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor Switch Board Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 100SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Cable Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ACM Putty | 5 LF | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--|--|--------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date TBD | City, State WAYNESBURG, OH 44688 | | |
| Completed By (Print or Type) Patrick T. DeCaro | | Title PROJ. MGR. | Signature <i>Patrick T. DeCaro / jk</i> | | Date 7/17/2017 |

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



| | | | | | | | | | |
|--|--|--|----------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07 / 28 / 17 | | Name of Building Owner/Operator (2) Cynthia Hopkinson | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Forked River, NJ 08731 Name of Contact Cynthia Hopkinson Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 900 sf | | | | | | | |
| City (5) Lakewood | | # of Floors 1 | Bldg. Age 65 | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Telephone No. | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 08 / 10 / 17 | Scheduled Completion Date (11) 08 / 11 / 17 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | |
| 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 | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) exterior | 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) 900 sf | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | <input type="checkbox"/> | <input checked="" 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"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 08/14/17 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 7/28/17 | | | |

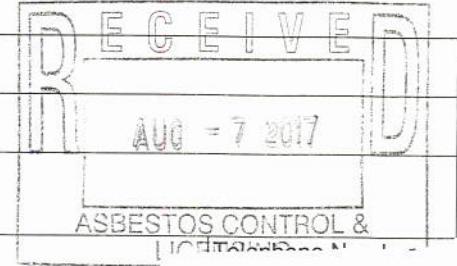


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | |
|--|---|---|--|---|--------|-------------|-----------|
| Date of Notification (1) <u>7-26-17</u> | | Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 RT 50</u> | | | | | |
| | | City, State, Zip Code <u>GREENFIELD N.J. 08230</u> | | | | | |
| | | Name of Contact <u>BRUCE</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 <u>[REDACTED]</u> | | | | | | | |
| City (5) <u>MILLVILLE</u> | | Square Feet <u>2000</u> | # of Floors <u>2</u> | | | | |
| | | Bldg. Age <u>50+</u> | | | | | |
| County (6) <u>CLOSTER</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. | Name of Abatement Contractor (9) <u>KLEMCO 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>8-4-17</u> | Scheduled Completion Date (11) <u>8-11-17</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>2250 SF</u> | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| <u>SIDING</u> | | <u>TRANSITE</u> | | <input checked="" type="checkbox"/> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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>G.M.C.M.U.A</u> | | | |
| City, State <u>MAPLE SHADE N.J.</u> | | Disposal Date | City, State <u>WOODBINE</u> | | | | |
| Completed By <u>MICHAEL KLOMA</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | Date <u>7-26-17</u> | | | | |

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

1st amended



| | | | |
|---|---|---|---|
| Date of Notification (1) 07-28-2017 | | Name of Building Owner / Operator (2) Rider University | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended((start date&Scope) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 2083 Lawrenceville Road |
| | | | City, State & Zip Code Lawrenceville, NJ 08648 |
| | | | Name of Contact Mr. Walter Eddy |
| | | | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|---|--|--|-----------------|
| Name of Facility Where Abatement is Taking Place (3) Rider University-Maurer Physical Education Building-1 st floor offices/classrooms | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 2083 Lawrenceville Road | | | Square Feet 25,000 | # of Floors 2 | Bldg. Age 57 |
| City (5) Lawrenceville, NJ 08648 | County (6) Mercer | County Code (7) | Current Use (Prior if being demolished) Physical Education Building | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates | | ASCM No. 00102 | Name of Abatement Contractor (9) Resource Management Group, LLC | | |
| Street Address 515 Grove Street | | Street Address 2115 Hamilton Avenue, Suite 202 | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | City, State & Zip Code Trenton, NJ 08619 | | | |
| Project Manager for Monitoring Firm Brian Clark | | Telephone Number 856-547-0505 | Telephone Number 609-977-6159 | License Number 01185 | |
| Scheduled Start Date (10) 8/8/2017 | | Scheduled Completion Date (11) 9/8/2017 | | Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours Describe: 8:00AM – 6:00PM Monday-Sunday- including weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West | | |
| | | | City, State & Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

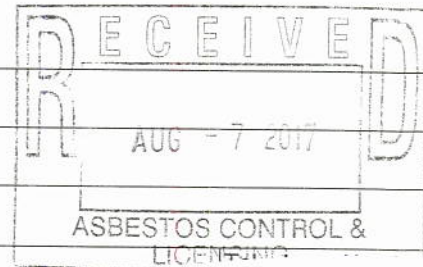
| | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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 | Encapsula | Enclosure |
| Class rooms:127,126,125,124,122-124,110,0109,108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 2,910 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fissure Ceiling Tile | 3,300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cove base mastic | 624 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile/mastic(grey streaks) | 3,306 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms(#127, 126 & 109) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chalkboard Glue Dots | 190 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 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"/> |

| | | | | |
|--|--|----------------------|---------------------------------|----------------|
| Resource Management Group, LLC | | 0035218 | TBD | Grows Landfill |
| City, State Hamilton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA | |
| Completed By (Print or Type) Brian Haney | | Title: President | Signature _____ Date 07-28-2017 | |

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

Initial



| | | | | |
|---|---|---|---|--|
| Date of Notification (1) 07-18-2017 | | Name of Building Owner / Operator (2) Rider University | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 2083 Lawrenceville Road | |
| | | | City, State & Zip Code Lawrenceville, NJ 08648 | |
| | | | Name of Contact Mr. Walter Eddy | |
| | | | | |
| | | | | |

FACILITY INFORMATION

| | | | | | |
|--|---|---|--|-------------------------|-----------------|
| Name of Facility Where Abatement is Taking Place (3) Rider University-Maurer Physical Education Building-1 st floor offices/classrooms | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 2083 Lawrenceville Road | | | Square Feet 25,000 | # of Floors 2 | Bldg. Age 57 |
| City (5) Lawrenceville, NJ 08648 | County (6) Mercer | County Code (7) | Current Use (Prior if being demolished) Physical Education Building | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates | | ASCM No. 00102 | Name of Abatement Contractor (9) Resource Management Group, LLC | | |
| Street Address 515 Grove Street | | Street Address 2115 Hamilton Avenue, Suite 202 | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | City, State & Zip Code Trenton, NJ 08619 | | | |
| Project Manager for Monitoring Firm Brian Clark | | Telephone Number 856-547-0505 | Telephone Number 609-977-6159 | License Number 01185 | |
| Scheduled Start Date (10) 7/31/2017 | Scheduled Completion Date (11) 8/31/2017 | | Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours Describe: 8:00AM – 6:00PM Monday-Sunday- including weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West | | |
| | | | City, State & Zip Code Union, NJ 07083 | | |

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 | Encapsula | Enclosure |
| Class rooms:127,126,125,124,122-124,110,0109,108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 8,960 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fissure Ceiling Tile | 5,850 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cove base mastic | 1,022 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile/mastic(grey streaks) | 1,500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms(#127, 126 & 109) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chalkboard Glue Dots | 270 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class room 124 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile/mastic | 200 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"/> |

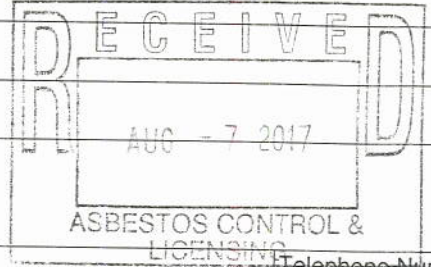
| | | | | |
|--|--|----------------------|--------------------------------|-----------------|
| Resource Management Group, LLC | | 0035218 | TBD | Grows Landfill |
| City, State Hamilton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA | |
| Completed By (Print or Type) Brian Haney | | Title: President | Signature | Date 07-18-2017 |

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

2nd Amended

CK 2693

| | | | |
|--|--|---|--|
| Date of Notification (1) 08-04-2017 | | Name of Building Owner / Operator (2) Rider University | |
| Agencies Notified | Type Notification | Street Address 2083 Lawrenceville Road | |
| <input checked="" type="checkbox"/> EPA <input 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: 2 nd Amendment =Start date & increased Scope <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Lawrenceville, NJ 08648 | |
| | | Name of Contact Mr. Walter Eddy | |
| | | Telephone Number | |



| | | | |
|--|---|--|-------------------------|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Rider University—Maurer Physical Education Building-1 st floor offices/classrooms | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 2083 Lawrenceville Road | | Square Feet 25,000 | # of Floors 2 |
| City (5) Lawrenceville, NJ 08648 | County (6) Mercer | Bldg. Age 57 | |
| Current Use (Prior if being demolished) Physical Education Building | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates | | Name of Abatement Contractor (9) Resource Management Group, LLC | |
| Street Address 515 Grove Street | | Street Address 2115 Hamilton Avenue, Suite 202 | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | City, State & Zip Code Trenton, NJ 08619 | |
| Project Manager for Monitoring Firm Brian Clark | | Telephone Number 856-547-0505 | License Number 01185 |
| Scheduled Start Date (10) 8/7/2017 | Scheduled Completion Date (11) 8/28/2017 | Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours 1 st Shift Describe: 8:00AM – 4:30PM Monday-Sunday- including weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 2333 Route 22 West | |
| | | City, State & Zip Code Union, NJ 07083 | |

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 |

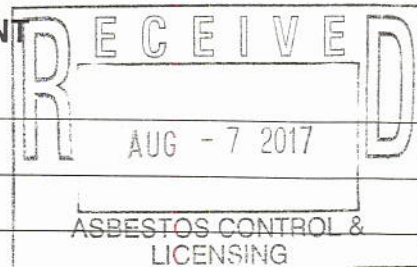
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsula | Enclosure |
| Class rooms:127,126,125,124,122-124,110,0109,108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 8,960 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fissure Ceiling Tile | 5,850 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cove base mastic | 1,022 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile/mastic(grey streaks) | 2,550 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class rooms(#127, 126 & 109) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chalkboard Glue Dots | 270 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 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"/> |

| | | | |
|--|---------|----------------------|--------------------------------|
| Resource Management Group, LLC | 0035218 | TBD | Grows Landfill |
| City, State Hamilton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA |
| Completed By (Print or Type) Brian Haney | | Title: President | Signature _____ |
| | | | Date 08-4-2017 |

State of New Jersey

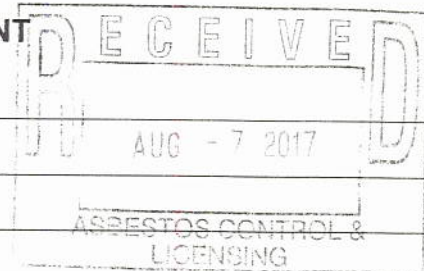
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CK 2703



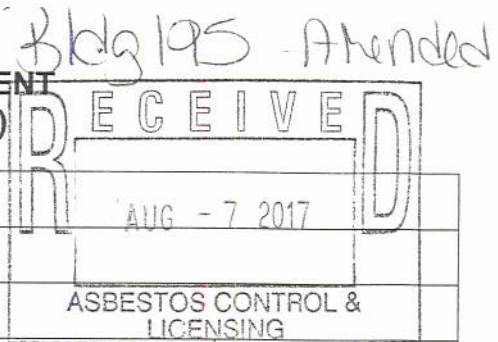
| Date of Notification (1) 08-04-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | | | | | | | |
|--|--|--|-------------------------------------|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 1122 Clifton Ave City, State & Zip Code Clifton, NJ 07013 Name of Contact Jerry Campbell | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 205 | | 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 20 - B Ridge Park Drive | | Square Feet 10,400 | # of Floors 2 | | | | | | |
| City (5) North Arlington, NJ | County (6) Bergen | Bldg. Age 70 | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | | | | | | | |
| Street Address P.O. Box 365 | | Name of Abatement Contractor (9) Resource Management Group, LLC | | | | | | | |
| City, State & Zip Code Berlin, NJ 08009 | | Street Address 2115 Hamilton Ave, Suite 202 | | | | | | | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | | Telephone Number 856-452-1311 | License Number 01185 | | | | | | |
| Scheduled Start Date (10) 8-7-2017 | Scheduled Completion Date (11) 08-11-2017 | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State & Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulat | Enclosure |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 274 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 12 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 253 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 8 each | <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 Resource Management Group, LLC | | NJDEP Waste Hauler ID No. 0035218 | | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | | | | |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | | Signature | | | Date 08-04-2017 | | |

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



| | | | | | | | | | |
|--|---|--|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07-19-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 1122 Clifton Ave | | | | | | |
| | | | City, State & Zip Code Clifton, NJ 07013 | | | | | | |
| | | | Name of Contact Jerry Campbell | | | | | | |
| | | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 205 | | 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 20 - B Ridge Park Drive | | Square Feet 10,400 | # of Floors 2 | | | | | | |
| City (5) North Arlington, NJ | County (6) Bergen | County Code (7) | Bldg. Age 70 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Resource Management Group, LLC | | | | | | |
| Street Address P.O. Box 365 | | Street Address 2115 Hamilton Ave, Suite 202 | | | | | | | |
| City, State & Zip Code Berlin, NJ 08009 | | City, State & Zip Code Trenton, NJ 08619 | | | | | | | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | Telephone Number 856-452-1311 | Telephone Number 609-914-4279 | License Number 01185 | | | | | | |
| Scheduled Start Date (10) 8-14-2017 | Scheduled Completion Date (11) 08-17-2017 | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State & Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 | Encapsulat | Enclosure |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 274 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 12 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 253 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 8 each | <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 Resource Management Group, LLC | | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA | | | | | | |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | Signature | | | | Date 07-19-2017 | | |

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



| | | | |
|---|---|---|------------------------------|
| Date of Notification (1) 08-4-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | |
| Agencies Notified | Type Notification | Street Address | City, State & Zip Code |
| <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 (Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | 1122 Clifton Ave Clifton, NJ 07013 | ASBESTOS CONTROL & LICENSING |
| | | Name of Contact Jerry Campbell | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 195 | | 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 20 - B Ridge Park Drive | | Square Feet 10,400 | # of Floors 2 |
| City (5) North Arlington, NJ | County (6) Bergen | Bldg. Age 70 | |
| County Code (7) | | Current Use (Prior if being demolished) Apartment Bldg | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Resource Management Group, LLC |
| Street Address P.O. Box 365 | | Street Address 2115 Hamilton Ave, Suite 202 | |
| City, State & Zip Code Berlin, NJ 08009 | | City, State & Zip Code Trenton, NJ 08619 | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | | Telephone Number 856-452-1311 | License Number 01185 |
| Scheduled Start Date (10) 8-3-2017 | Scheduled Completion Date (11) 08-4-2017 | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 2333 Route 22 West | |
| | | City, State & Zip Code Union, NJ 07083 | |

Scope of Work (Check all that apply)

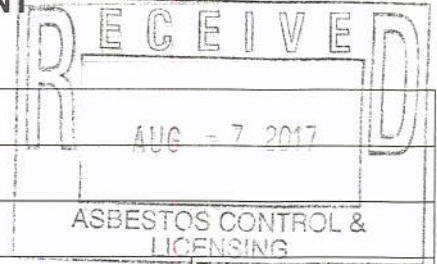
| | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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 | Encapsulat | Enclosure |
| Laundry Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 172 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 6 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 137 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 6 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 302 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 8 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler Resource Management Group, LLC | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA |
| Completed By (Print or Type) Mr. Brian Haney | Title President | Signature | Date 08-4-2017 |

Bldg 195 Initial

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 07-19-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | |
| Agencies Notified | Type Notification | Street Address 1122 Clifton Ave | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Clifton, NJ 07013 | |
| | | Name of Contact Jerry Campbell | |

| FACILITY INFORMATION | | | |
|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 195 | | 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 20 - B Ridge Park Drive | | Square Feet 10,400 | # of Floors 2 |
| City (5) North Arlington, NJ | County (6) Bergen | Bldg. Age 70 | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | Name of Abatement Contractor (9) Resource Management Group, LLC | |
| Street Address P.O. Box 365 | | Street Address 2115 Hamilton Ave, Suite 202 | |
| City, State & Zip Code Berlin, NJ 08009 | | City, State & Zip Code Trenton, NJ 08619 | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | | Telephone Number 856-452-1311 | License Number 01185 |
| Scheduled Start Date (10) 8-7-2017 | Scheduled Completion Date (11) 08-11-2017 | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 2333 Route 22 West | |
| | | City, State & Zip Code Union, NJ 07083 | |

| Scope of Work (Check all that apply) | | | |
|--|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | |

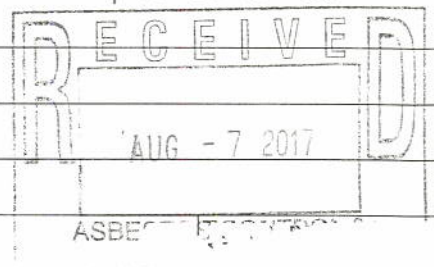
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulat | Enclosure |
| Laundry Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 172 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 6 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 137 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meter Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 6 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 302 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 8 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|--------------------------------------|-----------------------------|---|--------------------|
| Name of Registered Waste Hauler Resource Management Group, LLC | | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | |
| City, State Trenton, NJ 08619 | | | Disposal Date TBD | City, State Morrisville, PA | |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | Signature | | Date 07-19-2017 |

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

Bldg ~~130~~ 130
Amended

| | | | |
|---|---|---|--|
| Date of Notification (1) 08-4-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | |
| Agencies Notified | Type Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial | 1122 Clifton Ave | |
| <input type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amended(Start Date) | City, State & Zip Code | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Clifton, NJ 07013 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | Name of Contact | |
| <input type="checkbox"/> DCA | | Jerry Campbell | |



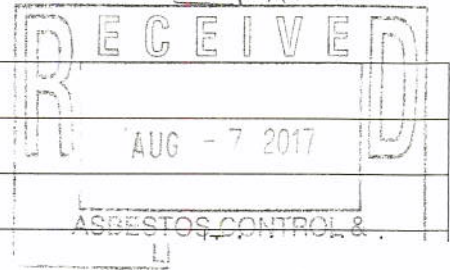
| | | | |
|---|-----------------|--|-------------------------|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 130 Storage Room | | Type of Facility (4) | |
| Street Address 20 - B Ridge Park Drive | | <input type="checkbox"/> School (K-12) | |
| City (5) North Arlington, NJ | | <input type="checkbox"/> Subchapter 8 (Other than K-12) | |
| County (6) Bergen | County Code (7) | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | Square Feet 2,900 | # of Floors 2 |
| Street Address P.O. Box 365 | | Bldg. Age 70 | |
| City, State & Zip Code Berlin, NJ 08009 | | Current Use (Prior if being demolished) Apartment Bldg | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | | Name of Abatement Contractor (9) Resource Management Group, LLC | |
| Telephone Number 856-452-1311 | | Street Address 2115 Hamilton Ave, Suite 202 | |
| Scheduled Start Date (10) 8-4-2017 | | City, State & Zip Code Trenton, NJ 08619 | |
| Scheduled Completion Date (11) 08-4-2017 | | Telephone Number 609-914-4279 | License Number 01185 |
| Occupancy Status During Abatement (Check only one) | | Name of OSHA Monitor J&S Environmental Laboratories, Inc. | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | Street Address 2333 Route 22 West | |
| <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am - 6:00pm | | City, State & Zip Code Union, NJ 07083 | |
| <input type="checkbox"/> Facility Occupied During Abatement | | | |

| | | | |
|--|--|---|--|
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | |
| <input type="checkbox"/> ≥160 sf ≥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 | Encapsulat | Enclosure |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 174 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 5 each | <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"/> |

| | | | |
|---|--------------------------------------|--------------------------------|---|
| Name of Registered Waste Hauler Resource Management Group, LLC | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ 08619 | Disposal Date TBD | City, State Morrisville, PA | |
| Completed By (Print or Type) Mr. Brian Haney | Title President | Signature | Date 08-4-2017 |

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



| | | | |
|---|---|---|--|
| Date of Notification (1) 07-19-2017 | | Name of Building Owner / Operator (2) Ridge Park Apartments, LLC | |
| Agencies Notified | Type Notification | Street Address 1122 Clifton Ave | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Clifton, NJ 07013 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Jerry Campbell | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

| | | | | | |
|--|--|---|-----------------|---|--|
| Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 130 Storage Room | | | | 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 20 - B Ridge Park Drive | | | | Square Feet 2,900 | # of Floors 2 |
| City (5) North Arlington, NJ | | County (6) Bergen | County Code (7) | Bldg. Age 70 | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | | | ASCM No. 117 | Name of Abatement Contractor (9) Resource Management Group, LLC |
| Street Address P.O. Box 365 | | | | Street Address 2115 Hamilton Ave, Suite 202 | |
| City, State & Zip Code Berlin, NJ 08009 | | | | City, State & Zip Code Trenton, NJ 08619 | |
| Project Manager for Monitoring Firm Mr. Jim Proctor | | Telephone Number 856-452-1311 | | Telephone Number 609-914-4279 | License Number 01185 |
| Scheduled Start Date (10) 8-31-2017 | | Scheduled Completion Date (11) 09-1-2017 | | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement | | | | Street Address 2333 Route 22 West | |
| | | | | City, State & Zip Code Union, NJ 07083 | |

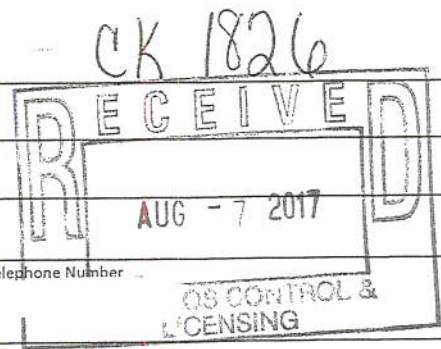
Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥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 | Encapsulat | Enclosure |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 174 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows | 5 each | <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"/> |

| | | | |
|---|--------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler Resource Management Group, LLC | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA |
| Completed By (Print or Type) Mr. Brian Haney | Title President | Signature | Date 07-19-2017 |

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



| | | | |
|---|--|---|---|
| Date of Notification (1) 7/28/17 | | Name of Building Owner/Operator (2) St. Joseph Regional Medical Center | |
| Agencies Notified | Type Notification | Street Address | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 7 2017 OS CONTROL & LICENSING </div> |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 703 Main Street City, State, Zip Code Paterson, NJ 07503 | |
| | | Name of Contact Matthew Barkho | |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) Seton Tunnel - St. Joseph's Regional Medical Center | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.) | |
| Street Address 703 Main Street | | Square Feet 30,000+ | # of Floors 3+ |
| City (5) Paterson | | Bldg. Age 50+ | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Hospital | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Unicorn Contracting Corp. |
| Street Address | | Street Address 32 Willow Way | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park, NJ 07424 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-9176 | License No. 01331 |
| Start Date (10) 8/7/17 | Scheduled Completion Date (11) 8/18/17 | Name of OSHA Monitor Envirovision Consultants, Inc. | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7-4 | | Street Address 20-21 Wagaraw Rd., Bldg. 35-E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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 |
| Seton Tunnel - Rear & Front of Tunnel | | XXX | | Fittings & Elbows | 120 | XX | | | |
| | | | | Pipe Insulation | 58 LF | XX | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|--|--------------------------|--------------------------------------|--------------------------------|--|
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | NJDEP Waste Hauler ID No. 0035844 | Cubic Yards of Waste 10+ | Name of Registered Landfill Fairless Hills Landfill |
| City, State Woodland Park, New Jersey | | Disposal Date TBD | City, State Monroeville, PA | |
| Completed by Dimo Golcev | Title General Manager | Signature | Date 7/28/17 | |

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

Check
10060

| | | | | | | | | | |
|---|--|--|---|--|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 7-28-17 | | Name of Building Owner/Operator (2) Tom Prostak | | | | | | | |
| 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 Lopatcong NJ 08865 Name of Contact Tom Prostak Telephone Number [REDACTED] | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | 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.) ASBESTOS CONTROL & REMEDIATION AUG - 7 2017 | | | | | | | |
| Street Address [REDACTED] | | Square Feet 2 # of Floors 50+ | | | | | | | |
| City (5) Lopatcong NJ 08865 | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| County (6) Warren | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | | | | | | | |
| Street Address P.O. Box 337 | | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | Street Address P.O. Box 337 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Telephone No. 609 758-3365 | | Telephone No. 609 758-3365 | | | | | | | |
| Start Date (10) Aug 7 2017 | | License No. 00394 | | | | | | | |
| Scheduled Completion Date (11) Aug 7 2017 | | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input checked="" type="checkbox"/> | | | Pipe Insulation | 100 LF | <input checked="" type="checkbox"/> | | | |
| Crawlspace | <input checked="" type="checkbox"/> | | | Pipe Insulation | 10 LF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 8-8-17 | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | | Signature Steve Schenker | | Date 7-28-17 | | | |

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PAGE 02/03

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

Check # 8554
DOL - 10 DAY

CR# 9554

Date of Notification (1) **7/27/17** Name of Building Owner/Operator (2) **HAUSMANN INDUSTRIES**

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

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

Street Address **130 UNION STREET** City, State, Zip Code **NEWARK NJ 07102**

Name of Contact **KEITH McHUGH** Telephone Number **973-241-1111**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **HAUSMANN INDUSTRIES** Type of Facility (4) ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address **130 UNION ST** Square Feet **20,000** # of Floors **1** Bldg. Age **60**

City (5) **NEWARK** County (6) **BERGEN** County Code (7) (STATE USE ONLY) **00156** Current Use (Prior to being demolished) **OFFICE / WORKSPACE**

Name of Monitoring Firm Hired by Building Owner (8) **ASCM No.** Name of Abatement Contractor (9) **A. Mac Contracting Inc.**

Street Address **185 Vreeland Ave.** City, State, Zip Code **Midland Park, N.J.**

Project Manager for Monitoring Firm **Telephone No. 201-262-5841**

Start Date (10) **7/27/17** Scheduled Completion Date (11) **7/31/17** Name of OSHA Monitor **Omega Environmental Services Inc.**

Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: **280 Huyler Street**

City, State, Zip Code **Hackensack, N.J. 07606**

Scope of Work (Check All That Apply) ☒ 23 sf or 23 lf ☐ 2180 sf or 2280 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|----------|---|---------------------------|----------------|--------|---------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure |
| OFFICE | | | X | VAT | 100 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

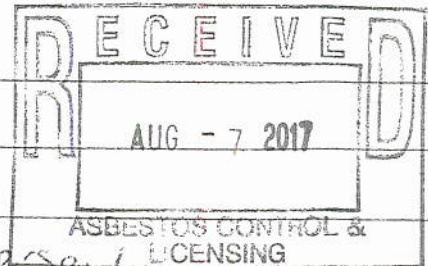
Name of Registered Waste Hauler **Newark Carting, Inc.** NJDEP Waste Hauler ID No. **04509** Cubic Yards of Waste **1** Name of Registered Landfill **Grand Central Sanitary Landfill**

City, State **Newark, N.J. 07105** Disposal Date **7/27/17 on** City, State **Pen Argyl, PA 08072**

Completed by **R. McDonald** Title **President** Signature **R. McDonald** Date **7/27/17**

OK# 3217

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




| | | | | | | | | | |
|--|--|---|--|---|---|---------------------------------|--------|-------------|-----------|
| Date of Notification (1) 8/3/17 | | Name of Building Owner/Operator (2) BPM Developers | | <div style="border: 1px solid black; padding: 5px;"> RECEIVED AUG - 7 2017 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 2 Russell Ave | | | |
| | | City, State, Zip Code Oceanport, New Jersey | | Name of Contact Garry | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BPM Property | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 16-18 Russell Ave | | | | Square Feet 3000 | | | | | |
| City (5) Oceanport (Fort Monmouth) | | | | # of Floors 2 | | | | | |
| County (6) Monmouth | | | | Bldg. Age 100+ | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Ace Insulation Co., Inc | | | | | |
| Street Address | | | | Street Address 95 Montrose Rd | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Colts Neck, New Jersey | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732 294 1757 | | | | | |
| Start Date (10) 8/12/17 | | Scheduled Completion Date (11) 9/8/17 | | License No. 00029 | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 7PM | | | | Name of OSHA Monitor | | | | | |
| | | | | Street Address | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | | | Removal | Repair | Encapsulate | Enclosure |
| throughout house | | | | pipe insulation | 700 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | | Cubic Yards of Waste 5 | Name of Registered Landfill Chambers Landfill Fairless | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 9/8/17 | | City, State Easton, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature Bree McGuire | | Date 8/3/17 | | | |

Project #

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

Check # 3866

| | | | |
|---|--|--|--|
| Date of Notification (1) 08/01/2017 | | Name of Building Owner/Operator (2) Wayne BOE | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 | 50 Nellis Drive | |
| | | City, State, Zip Code Wayne, NJ 07470 | |
| | | Name of Contact John Maso | |



| FACILITY INFORMATION | | | |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Wayne Valley HS | | Type of Facility (4) | |
| Street Address 551 Valley Rd | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Wayne, NJ | | Square Feet | # of Floors |
| County (6) Passaic County | | Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) RAMM | | ASCM No. | Name of Abatement Contractor (9) Nick Restoration LLC |
| Street Address 77 Nottingham Rd | | Street Address 72 Brookside Rd | |
| City, State, Zip Code Fair Lawn | | City, State, Zip Code Randolph NJ 07869 | |
| Project Manager for Monitoring Firm Rodger Headrick | | Telephone No. (201)475-9880 | License No. 01133 |
| Start Date (10) 08/11/2017 | Scheduled Completion Date (11) 08/13/2017 | Name of OSHA Monitor IRIS | |
| 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: | | 2333 RT 22 | |
| | | 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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) 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 |
| Room # 106 | | X | | Glue doots | 7 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler Nick Restoration LLC | | NJDEP Waste Hauler ID No. 33782 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S | |
| City, State Randolph, NJ 07869 | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Elvira Mrda | Title President | Signature <i>Elvira Mrda</i> | Date 08/01/2017 | | |

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

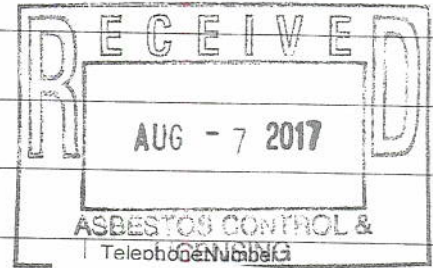
Check # 10061

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|-----------------------|-------------|-----------|
| Date of Notification (1) 8-4-17 | | Name of Building Owner/Operator (2) Loretta Schultz | | | | | | | |
| 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 [REDACTED] | | | | | | | |
| | | City, State, Zip Code North Plainfield, NJ 07063 | | | | | | | |
| | | Name of Contact Loretta Schultz | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors 2 | | | | | | |
| City (5) North Plainfield, NJ | | Bldg. Age 70+ | | | | | | | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) Aug 16, 2017 | Scheduled Completion Date (11) Aug 16 2017 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | X | | | Pipe Insulation | 100 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 8-18-17 | City, State Morrisville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | | Date 8-4-17 | | |

CK# 1499

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

1499



| | | | |
|--|--|---|--|
| Date of Notification (1) July 31, 2017 | | Name of Building Owner/Operator (2) General Plastics | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 55 LaFrance Ave. | | City, State, Zip Code Bloomfield NJ | |
| Name of Contact Corporate EH&S Manager | | Telephone Number 609-255-1111 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) General Plastics facility | | 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 55 LaFrance Ave. | | Square Feet | |
| City (5) Bloomfield NJ | | # of Floors | |
| County (6) Essex | | Bldg. Age | |
| County Code (7) Essex | | Current Use (Prior if being demolished) facility | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | ASCM No. | |
| Street Address 907 Doolittle Drive | | Name of Abatement Contractor (9) The MACK Group, LLC. | |
| City, State, Zip Code Bridgewater, NJ 08807 | | Street Address 1500 Kings HWY N, STE 209 | |
| Project Manager for Monitoring Firm Eric Houseknecht | | City, State, Zip Code Cherry Hill, NJ 08034 | |
| Telephone No. (908) 218-1108 | | Telephone No. (973) 759 - 5000 | |
| Start Date (10) 8/14/17 | | License No. 00781 | |
| Scheduled Completion Date (11) 9/1/17 | | Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209 | |
| 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| City, State, Zip Code Cherry Hill, NJ 08034 | | | |
| 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 | |
| Penthouse over Old Boiler House | | <input checked="" type="checkbox"/> | |
| "-" | | <input checked="" type="checkbox"/> | |
| "-" | | <input checked="" type="checkbox"/> | |
| "-" | | <input checked="" type="checkbox"/> | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| pipe insulation | | 150 lf | |
| broken transite & debris | | 120 sf | |
| Remove & rebag bags of ACM | | 6 | |
| 55 gal drums of mixed ACM debris | | 8 | |
| Abatement Type | | | |
| Removal Repair Encapsulate Enclosure | | | |
| <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Newark Carting | | NJ DEP Waste Hauler ID No. 22253 | |
| City, State Newark, NJ | | Cubic Yards of Waste 2.8 | |
| Disposal Date 9/1/17 | | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | |
| City, State Newburg / Imperial / Morrisville, PA | | | |
| Completed by Michael Cooper | | Title President | |
| Signature | | Date 7/31/17 | |

08/01/2017 07:16

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AMAC

PAGE 01/03

CIC # 9561

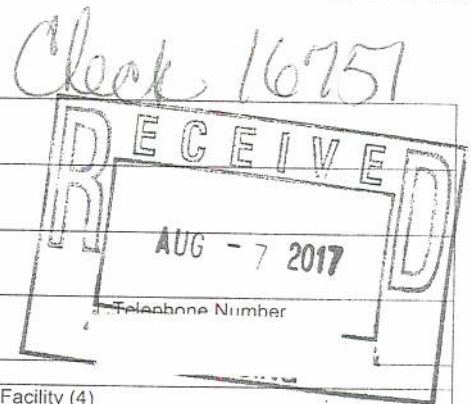
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

| | | | | | | | | |
|--|---|---|---|-----------------------------------|----------------|--|--------|---------------|
| Date of Notification (1) 8/01/17 | | Name of Building Owner/Operator (2) IAN Miller | | | | | | |
| Agencies Notified <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 | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code MIDLAND PARK, N.J. 07432 | | | | | | |
| 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] | | Square Feet 1850 | | | | | | |
| City (5) MIDLAND PARK | | # of Floors 2 | | | | | | |
| County (6) BERGEN | | Bldg. Age +50 | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENCE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) AMAC Contracting Inc. | | | | | | |
| Street Address [REDACTED] | | Street Address 185 Vreeland Ave | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (201)262-5841 | | | | | | |
| Telephone No. | | License No. 00155 | | | | | | |
| Start Date (10) 8/01/17 | | Scheduled Completion Date (11) 8/05/17 | | | | | | |
| Name of OSHA Monitor Omega Environmental Services Inc. | | Street Address 280 Huyler Street | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: | | City, State, Zip Code Hackensack, NJ 07806 | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 60LF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulation |
| | | | PIPE INSULATION | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 2 | | Name of Registered Landfill Grand Central Sanitary Landfill | | |
| City, State Newark, NJ 07105 | | Disposal Date 8/01/17 | | On | | City, State Pen Argyl, PA 08702 | | |
| Completed by Joseph Vaccaro | | Title Vice President | | Signature J. Vaccaro | | Date 8/01/17 | | |

ASB-41 (R-06-08)

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

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



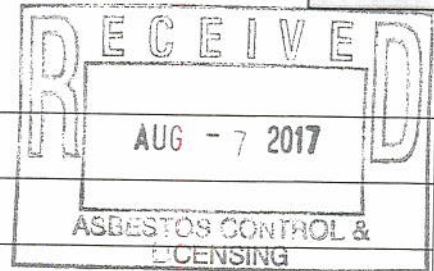
| Date of Notification (1) 8/1/17 | | Name of Building Owner/Operator (2) Tobar Excavating | | | | | | | |
|--|---|---|---|--|---|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 385 High Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Norwood, NJ 07648 | | | | | | | |
| | | Name of Contact Tom Locovare | | | | | | | |
| Telephone Number _____ | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant home | | Type of Facility (4) | | | | | | | |
| Street Address 203 Faller Drive | | <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) New Milford | | Square Feet 2400 | # of Floors 2 | | | | | | |
| County (6) Bergen | | Bldg. Age 85 | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) vacant home | | | | | | | |
| 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) 8/10/17 | Scheduled Completion Date (11) 9/10/17 | 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 checked="" 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) <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 behind 203 Faller Drive | | | x | ceiling plaster | 240 SF | x | | | |
| | | | x | pipe insulation | 60 LF | x | | | |
| | | | x | boiler insulation | 150 SF | x | | | |
| Name of Registered Waste Hauler ABS Environmental Services, LLC | | NJDEP Waste Hauler ID No. 104248 | | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Landfill | | | | |
| City, State Glenwood, NJ | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature | | Date 8/1/17 | | | |

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



| | | | | | | | | | |
|--|---|---|-----------------------------|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/02/2017 | | Name of Building Owner/Operator (2) Charles Guzman | | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code North Arlington, NJ 07031 | | | | | | | |
| | | Name of Contact Charles Guzman | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) North Arlington | | Bldg. Age N/A | | | | | | | |
| County (6) Bergen | 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. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 11 Rosengren Avenue | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Telephone No. | | Telephone No. 973-345-8685 | License No. 01311 | | | | | | |
| Start Date (10) 08/12/2017 | Scheduled Completion Date (11) 08/13/2017 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 11 Rosengren Avenue | | | | | | | |
| 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 | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| 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 of the House | | X | | Transit Shingles | 2000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | Date 08/02/2017 | | | |

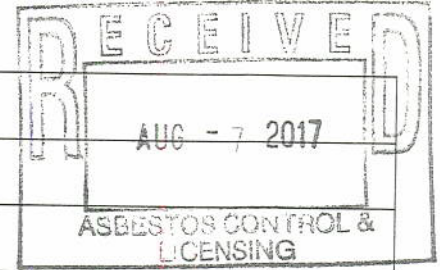
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CK # 803954

| | | | | | | | | | |
|---|--|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/02/2017 | | Name of Building Owner/Operator (2) Guy Itzkovitch | | | | | | | |
| 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 Cresskill, NJ 07626 | | | | | | | |
| | | Name of Contact Limor Prywes | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Cresskill | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Bergen | | Bldg. Age N/A | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-345-8685 | | | | | | |
| Start Date (10) 08/15/2017 | | Scheduled Completion Date (11) 08/16/2017 | License No. 01311 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 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) 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 | 15 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | Date 08/02/2017 | | | |

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



| Date of Notification (1) 08/02/2017 | | Name of Building Owner/Operator (2) Denise Brown Dillard | | | | | | | |
|---|---|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| 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 East Orange, NJ 07018 | | | | | | | |
| | | Name of Contact Vincent May | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) East Orange | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-345-8685 | License No. 01311 | | | | | | |
| Start Date (10) 08/16/2017 | Scheduled Completion Date (11) 08/17/2017 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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 | 110 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | Signature | | | Date 08/02/2017 | | | |

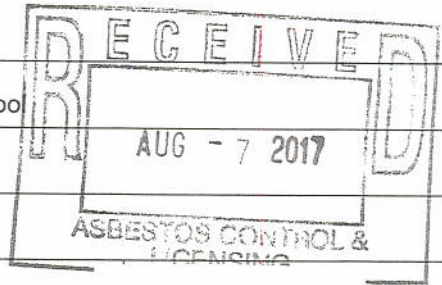
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CC# 7625

CK
7625

| | | | | | |
|---|--|---|---|---|--|
| Date of Notification (1) 7/26/17 Type Notification | | Name of Building Owner / Operator (2) Genon Rema LLC | | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED AUG - 7 2017 ASBESTOS LICENSING </div> | |
| Agencies Notified | Emergency Notification | Street Address | | | |
| EPA | Initial Notification | PO Box 3795 | | | |
| DEP | Amended Notification | City, State & Zip Code | | | |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Amended Notification | Houston, TX 77253 | | Name of Contact | |
| <input checked="" type="checkbox"/> DOH | Cancellation | Frank Miechur | | Telephone Number | |
| DCA | | | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Exterior Pipe Rack | | | Type of Facility (4) | | |
| Street Address | | | School (K-12) | | |
| 415 Riegelsville Road | | | Subchapter 8 (Other than K-12) | | |
| City (5) | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Milford | | | Square Feet | | |
| County (6) | | | # of Floors | | |
| Hunterdon | | | N/A | | |
| County Code (7) | | | 1 | | |
| | | | Bldg. Age | | |
| | | | 85 +/- | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc | | | Current Use (Prior if being demolished) Exterior Pipe Rack | | |
| Street Address | | | Name of Abatement Contractor (9) | | |
| 64 Broad Street | | | Global Abatement Services, LLC | | |
| City, State & Zip Code | | | Street Address | | |
| Matawan, NJ 07747 | | | 443 Schoolhouse Road | | |
| Project Manager for Monitoring Firm | | | City, State & Zip Code | | |
| Tom Geiger | | | Monroe Township, NJ 08831 | | |
| Telephone Number | | | Telephone Number | | |
| 732-290-2217 | | | 732-605-9062 | | |
| Scheduled Start Date (10) | | | License Number | | |
| 8/3/17 | | | 00714 | | |
| Scheduled Completion Date (11) | | | Name of OSHA Monitor | | |
| 8/9/17 | | | Global Abatement Services, LLC | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| Facility Closed/Vacated During Entire Period of Abatement | | | 443 Schoolhouse Road | | |
| Abatement Performed Outside of Normal Facility Hours - | | | City, State & Zip Code | | |
| Describe: Area Isolated During Abatement | | | Monroe Township, NJ 08831 | | |
| <input checked="" type="checkbox"/> Other - Describe: Exterior | | | | | |
| Scope of Work (Check all that apply) | | | | | |
| Demolition <input checked="" type="checkbox"/> Renovation | | | | | |
| Large Project | | | | | |
| <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM | | | | | |
| Quantity is ≥ 160 SF or ≥ 260 LF ACM | | | | | |
| Full Containment with Negative Pressure | | | | | |
| Mini-Enclosure | | | | | |
| <input checked="" type="checkbox"/> Glovebag Procedure | | | | | |
| Other: Non-Friable | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | |
| Pipe Rack | N/A | TSI Pipe | 50 LF | Removal | |
| Name of Registered Waste Hauler | | | | | |
| Global Abatement Services, LLC | | NJDEP Waste Hauler ID # | Cu. Yds. of Waste | Name of Registered Landfill | |
| | | S32401 | 3 | TRRF | |
| City, State | | Disposal Date | City, State | | |
| Monroe Twp, NJ 08831 | | 8/9/17 | Tullytown, Pa | | |
| Completed By (Print or Type) | Title | Signature | | Date | |
| Dominick Tringali | Pres. | <i>Dominick Tringali</i> | | 7/26/17 | |

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



UC# 3047

| | | | | | | | | | |
|---|---|---|-----|--|---|-------------------|--------|-------------|-----------|
| Date of Notification (1) 7/31/2017 | | Check # 3047 | | Name of Building Owner/Operator (2) Christ the King Elementary School | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 239 Woodside Avenue | | | | | |
| | | | | City, State, Zip Code Newark, NJ 07104 | | | | | |
| | | | | Name of Contact Gabino Fernandez | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Christ the King Elementary School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 239 Woodside Avenue | | | | Square Feet | | | | | |
| City (5) Newark | | | | # of Floors | | | | | |
| County (6) ESSEX | | | | Bldg. Age | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) EA Services Corporation | | | | | |
| Street Address | | | | Street Address 426 69th Street | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Guttenberg, NJ 07093 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-295-1700 | | | | | |
| | | | | License No. 01074 | | | | | |
| Start Date (10) 08/12/17 | | Scheduled Completion Date (11) 08/14/17 | | Name of OSHA Monitor Same as above | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 8 AM | | | | Street Address | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Boiler Room | | | x | Pipe Insulation | 2 LF | | x | | |
| Hallway-3rd Floor | | x | | Plaster ceiling | 2 SF | | x | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Tri-State Transfer Assoc. | | NJDEP Waste Hauler ID No. 19551 | | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises, Inc | | | | |
| City, State | | | | Disposal Date | City, State | | | | |
| Completed by Gina Betances | | Title Office Manager | | Signature | | Date 7/31/2017 | | | |

6561 - NJ

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

Initial Non-Friable Notification
 Check #: 6985

Date of Notification (1)

0 | 7 | / | 2 | 5 | / | 1 | 7 |

Name of Building Owner/Operator (2)

North Hunterdon - Voorhees R.H.S.D.

Street Address

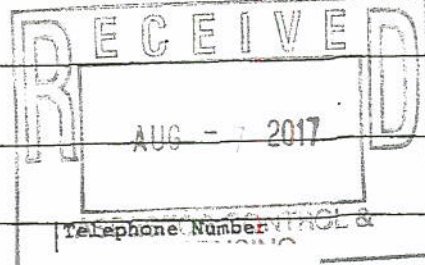
1445 Rt. 31 S.

City, State, Zip Code

Annandale, NJ 08801

Name of Contact

William Mowery, Facilities Director



Agencies Notified Type Notification

☐ EPA☒ DEP☒ DOL☒ DOH☐ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

North Hunterdon Regional High School

Street Address

1445 Rt. 31 S.

City (5)

Annandale, NJ 08801

County (6)

Hunterdon

County Code (7)
(STATE USE ONLY)

004

Name of Monitoring Firm Hired by Building Owner (8)

Briggs Associates.

Street Address

3 Crosswicks St.

City, State, Zip Code

Bordentown, NJ 08505

Project Manager for Monitoring Firm Telephone Number

Michael Hoodak, EPA Project Designer 609-298-5520

Scheduled Start Date (10) Sched. Completion Date (11)

0 | 8 | / | 0 | 5 | / | 1 | 7 |

0 | 8 | / | 0 | 7 | / | 1 | 7 |

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility

Hours - Describe:

☐ Other - Describe:

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

50,000

2

50

Current Use (Prior if being demolished)

School Building

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

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

Wrap & Cut

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|---|---------------------------|----------------|--------|-----------|-----------|-----------|
| | | | | REMOVAL | REPAIR | ENCLOSURE | ENCLOSURE | ENCLOSURE |
| Room 110, 111, Guidance Hallway, Athletics & Health Office, Main Entrance | X | 22 Fittings - WRAP & CUT | 40 LF | X | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Name of Registered Waste Hauler

Four Strong Builders, Inc.

City, State

Clifton, NJ

NJDEP Waste Hauler ID No.

12609

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S., Inc.

Disposal Date

City, State

Tullytown, PA

Completed By (Print or Type)

Bilyana Kulakovska

Title

Office Administrator

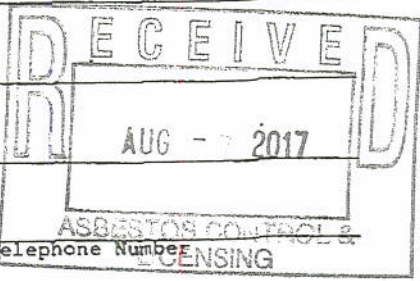
Signature

Date

7/25/17

ASB-41
 JUN 95

G4667

| | | | | |
|---|--|--|--|---|
| Date of Notification (1) 07/25/17 | | Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D. | |  |
| Agencies Notified | Type Notification | Street Address 1445 Rt. 31 S. | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Annandale, NJ 08801 | | |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact William Mowery, Facilities Director | | |
| <input checked="" type="checkbox"/> DGL | <input type="checkbox"/> Cancellation | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | | |
|--|-------------------------|---|--|------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High 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 & commercial buildings, homes, etc.) | | |
| Street Address 1445 Rt. 31 S. | | | Square Feet 50,000 | # of Floors 2 | Bldg. Age 50 |
| City (5) Annandale, NJ 08801 | County (6) Hunterdon | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School Building | | |
| Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates. | | ASCM No. 004 | Name of Abatement Contractor (9) Four Strong Builders, Inc. | | |
| Street Address 3 Crosswicks St. | | | Street Address 180 Sargeant Avenue | | |
| City, State, Zip Code Bordentown, NJ 08505 | | | City, State, Zip Code Clifton, NJ 07013-1935 | | |
| Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer | | Telephone Number 609-298-5520 | Telephone Number 973-614-0377 | | License Number 00807 |
| Scheduled Start Date (10) 08/05/17 | | Sched. Completion Date (11) 08/07/17 | Name of OSHA Monitor Four Strong Builders, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: | | | Street Address 180 Sargeant Avenue | | |
| | | | City, State, Zip Code Clifton, NJ 07013 | | |

Scope of Work (Check all that apply)

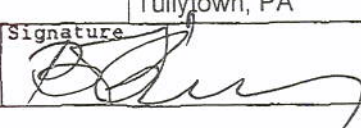
- ☐ Demolition
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Wrap & Cut

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--|---------------------------|--|----------------------------|---|---|
| | | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C I O S U R E |
| Room 110, 111, Guidance Hallway, Athletics & Health Office, Main Entrance | X | 22 Fittings - <i>wrap & cut</i> | 40 LF | X | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler Four Strong Builders, Inc. | NJDEP Waste Hauler ID No. 12609 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S., Inc. |
| City, State Clifton, NJ | Disposal Date | City, State Tullytown, PA | |
| Completed By (Print or Type) Bilyana Kulakovska | Title Office Administrator | Signature  | Date 7/25/17 |

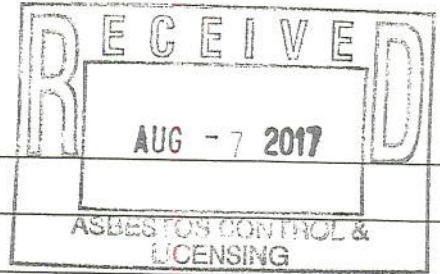
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4197

| | | | | | | | | |
|--|---|---|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) 7/28/17 | | Name of Building Owner/Operator (2) BAST CORPORATION | | | | | | |
| 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"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 25 MIDDLESEX ESSEX TURNPIKE | | | | | | |
| | | City, State, Zip Code ISELIN NJ 08830 | | | | | | |
| | | Name of Contact KYLE SMITH Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BAST | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 25 MIDDLESEX ESSEX TURNPIKE | | Square Feet 100,000 | # of Floors 3 | | | | | |
| City (5) ISELIN | | Bldg. Age 62 YEARS | | | | | | |
| County (6) MIDDLESEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) R&D OFFICE LABS | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENI | | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | |
| Street Address 655 WEST SHORE TRAIL | | Street Address 450 South River Street | | | | | | |
| City, State, Zip Code SPARTA NJ 07871 | | City, State, Zip Code Hackensack, NJ 07601 | | | | | | |
| Project Manager for Monitoring Firm J.P. JON DOERHEN | | Telephone No. 973-729-5019 | Telephone No. 201-329-7444 License No. 00388 | | | | | |
| Start Date (10) 8/12/17 | Scheduled Completion Date (11) 8/13/17 | Name of OSHA Monitor Omega Environmental | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM | | Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606 | | | | | | |
| 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) 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 |
| LAB 226 | | | | 12 SF | <input checked="" type="checkbox"/> | | | |
| LAB 312 | | | | 80 SF | <input checked="" type="checkbox"/> | | | |
| LOADING DOCK | | | | 65 LF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NUEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 4/200 | Name of Registered Landfill Minerva Enterprises, LLC | | | | |
| City, State Hackensack, NJ 07601 | | | Disposal Date 7/28/17 | City, State Waynesburg, OH 44688 | | | | |
| Completed by J. Maiorano | | Title Estimator | Signature <i>[Signature]</i> | Date 7/28/17 | | | | |

NO OK

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 7/24/17 | | Name of Building Owner/Operator (2) Wharton Board of Education | |
| Agencies Notified | Type Notification | Street Address 137 East Central Avenue | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code Wharton, NJ 07885 | |
| <input type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amended | Name of Contact Sandy Cammarata | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment #2 | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

| FACILITY INFORMATION | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Marie V. Duffy Elementary School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.) | |
| Street Address 137 East Central Avenue | | | |
| City (5) Wharton, NJ 07885 | | Square Feet 35,000+ | # of Floors 3 |
| County (6) Morris | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ |
| Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC | | ASCM No. 0027 | Current Use (Prior if being demolished) School |
| Street Address 307 North Walnut Street | | Name of Abatement Contractor (9) Unicorn Contracting Corp. | |
| City, State, Zip Code West Chester, PA 19380 | | Street Address 32 Willow Way | |
| Project Manager for Monitoring Firm Paul F. McCaa | | City, State, Zip Code Woodland Park, NJ 07424 | Telephone No. 973-333-9176 |
| Start Date (10) 7/5/17 | | Telephone No. 484-894-4841 | License No. 01331 |
| Scheduled Completion Date (11) 8/4/17 | | 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 20-21 Wagaraw Rd., Bldg. 35-E | |
| 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 | | City, State, Zip Code Fair Lawn, NJ 07410 | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Windows | | X | | Window Caulk | 448 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|--------------------------------------|--------------------------------|--|
| Name of Registered Waste Hauler Unicorn Contracting Corp. | NJDEP Waste Hauler ID No. 0035844 | Cubic Yards of Waste 2+ | Name of Registered Landfill Fairless Hills Landfill |
| City, State Woodland Park, New Jersey | Disposal Date TBD | City, State Morrisville, PA | |
| Completed by Dimo Golcev | Title General Manager | Signature | Date 7/24/17 |

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07/27/2017 10:54 2012620321

AMAC

PAGE 02/03

Check # 9553

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 12:120)

CL # 9553

DOL - 10 DAY

7/27/17

ALFRED CAUTO

WALDWICK, N.J.

ALFRED CAUTO

RESIDENCE

WALDWICK

Bergen

RESIDENTIAL

AUG - 7 2017

185 Vreeland Ave

Midland Park, NJ 07432

280 Huyler Street

Hackensack, NJ 07606

23 sf or 20 ft

Renovation

Full Containment with Negative Pressure

Min-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

In Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes

No

N/A

PIPE INSULATION

196F

Name of Registered Waste Hauler

Newark Carting Inc.

NJDEP Waste Hauler ID No.

04509

Cubic Yards of Waste

> 1

Name of Registered Landfill

Grand Central Sanitary Landfill

City, State

Newark, NJ 07105

Disposal Date

7/27/17

City, State

Pen Argyl, PA 08702

Completed by

Joseph Vaccaro

Title

Vice President

Signature

J. Vaccaro

Date

7/27/17