

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

| | |
|------------------------------|--|
| RECEIVED | |
| AUG - 8 2018 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | | |
|--|---|---|-----|---|---------------------------|--------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 8/4/18 | | Name of Building Owner/Operator (2) Michael Hungerbuhler | | | | | | | |
| 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 [REDACTED] | | City, State, Zip Code Union Beach, New Jersey | | | | | | | |
| Name of Contact Mike/George | | Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hungerbuhler 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 2000 | | | | | | | |
| City (5) Union Beach | | # of Floors 1 | | | | | | | |
| County (6) Monmouth | | Bldg. Age 55+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Ace Insulation Co, Inc | | | | | | | |
| City, State, Zip Code | | Street Address 95 Montrose Rd | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Colts Neck, NJ 0557722 | | | | | | | |
| Telephone No. | | Telephone No. 732 294 1757 | | | | | | | |
| Start Date (10) 8/13/18 | | License No. 00029 | | | | | | | |
| Scheduled Completion Date (11) 8/17/18 | | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Jam 7pm | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | | | X | Siding (w/linyl) | 2000 ± | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co, Inc | | NJDEP Waste Hauler ID No. 12086 | | Cubic Yards of Waste 4 | | Name of Registered Landfill Chris | | | |
| City, State Colts Neck, NJ | | Disposal Date 8/17/18 | | City, State Colts Neck, NJ | | | | | |
| Completed by Bree McGone | | Title Secretary Treasurer | | Signature [Signature] | | Date 8/4/18 | | | |

RECEIVED

Check #

AUG - 3 2018

ASBESTOS CONTROL & LICENSING

ASB-41
MAY 11

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

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

Ch # 3415

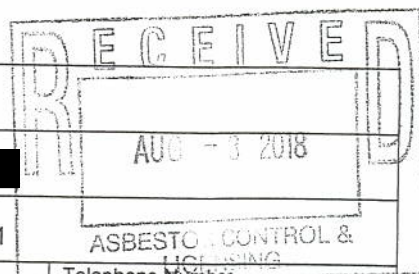
| | | | | | | | | | |
|--|---|--|--|--|---|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 1 / 18 | | Name of Building Owner/Operator (2) Edison Housing Authority | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 8 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING </div> | | | | | |
| Agencies Notified <input 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 14 Rev. Samuel Carpenter Boulevard City, State, Zip Code Edison, NJ 08820 Name of Contact Mark Webb | | | |
| Telephone Number 908-202-3535 | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Housing Unit 9A | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 9 A Lyle Place | | | | Square Feet +-1500 # of Floors 2 Bldg. Age +-30 | | | | | |
| City (5) Edison | | County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | | | | |
| Current Use (Prior if being demolished) Home | | Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc. | | | | | | | |
| ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | | License No. 00509 | | | | | |
| Start Date (10) 8 / 13 / 18 | | Scheduled Completion Date (11) 8 / 24 / 18 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input 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 |
| 1 st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Linoleum | 750 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Floortile Only | 750 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Floortile Only | 750 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | 1500 SF | <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 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | | Signature <i>Dillan DeCaro/jr</i> | | Date 8-1-18 | | | |

ASB-41
JAN 13 *DD18066*

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

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

Check # 25660



| Date of Notification (1) 8/7/2018 | | Name of Building Owner/Operator (2) Goldman | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | |
| <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 | <div style="background-color: black; width: 100px; height: 20px;"></div> | Millburn, NJ 07041 | | | | | | |
| | | Name of Contact Eric Goldman | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Millburn, NJ 07041 | | Square Feet 2200 | # of Floors 2 | | | | | | |
| County (6) Union | | Bldg. Age 75+/- | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MECS | | ASCM No. | Name of Abatement Contractor (9) Stevens Environmental Services, Inc. | | | | | | |
| Street Address PO Box 341 | | Street Address PO Box 322 | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Allentown, NJ 08501 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. (609) 298-4070 | License No. 00493 | | | | | | |
| Start Date (10) 8/17/2018 | Scheduled Completion Date (11) 8/31/2018 | Name of OSHA Monitor MECS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 341 | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Chesterfield, NJ 08515 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Rec Room | | X | | VAT | 150 sf | X | | | |
| Utility Room | | X | | VAT | 120 sf | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | NJDEP Waste Hauler ID No. 18292 | Cubic Yards of Waste 2 cu | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Allentown, NJ 08501 | | | Disposal Date 8/31/18 | City, State Morrisville, PA | | | | | |
| Completed by Mahlon E. Stevens | | Title Project Manager | Signature | Date 8/7/18 | | | | | |

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

609-633-0664
faxed -

| | | | | | | | | | |
|--|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07 / 18 / 18 | | Name of Building Owner/Operator (2) PERTH AMBOY BOARD OF EDUCATION | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | Street Address 178 BARRACKS STREET City, State, Zip Code PERTH AMBOY, NJ 08861 | | | | | | | |
| | | Name of Contact Derek J. Jess | Telephone Number 732-376-6200 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Perth Amboy High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 300 Eagle Avenue | | Square Feet 300,000 | # of Floors 3 | | | | | | |
| City (5) Perth Amboy, NJ 08861 | | Bldg. Age 1950 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) High School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc. | | ASCM No. 00057 | Name of Abatement Contractor (9) APS Contracting, Inc. | | | | | | |
| Street Address PO Box 385 | | Street Address 155-161 Pennsylvania Avenue | | | | | | | |
| City, State, Zip Code Oceanville, NJ 08231 | | City, State, Zip Code Paterson, NJ 07503 | | | | | | | |
| Project Manager for Monitoring Firm John Smoyer | | Telephone No. 609-652-1833 | License No. 01-287 | | | | | | |
| Start Date (10) 08 / 06 / 18 | Scheduled Completion Date (11) 08 / 30 / 18 | Name of OSHA Monitor APS Contracting, 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 155-161 Pennsylvania Avenue City, State, Zip Code Paterson, NJ 07503 | | | | | | | |
| 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 |
| Throughout the Building Elevation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Caulking Material All Windows | 2,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler APS Contractors, Inc. | | NJDEP Waste Hauler ID No. 21259 | Cubic Yards of Waste 5 Yards | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Paterson, New Jersey | | | Disposal Date 08/25/18 | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Svetozar Savreski | | Title President | Signature | Date 8/1/18 | | | | | |

State of NJ

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

B & G proj. #: 2018-151

Check # 9150

| | | | |
|---|--|---|--|
| Date of Notification (1) 08/10/18 | | Name of Building Owner/Operator (2) Tristyn Kvetkus | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code West Caldwell, NJ 07006 | |
| Name of Contact Tristyn Kvetkus | | Telephone Number [REDACTED] | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|---|-------------------------|
| Name of facility where abatement is taking place (3) Tristyn Kvetkus | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet # of Floors Bldg. Age | | |
| City (5) West Caldwell | County (6) Essex | County Code (7) (State use only) | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED] | | ASCM No. n/a | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address [REDACTED] | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm [REDACTED] | | Phone Number [REDACTED] | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 08/17/2018 | | Sched. Completion Date (11) 08/18/2018 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe: | | Street Address 105 Ryerson Road | | | |
| | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| front entrance & foyer closet | | | <input checked="" type="checkbox"/> | VAT (no mastic) | 28 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"/> |

| | | | | | |
|--|--|------------------------------|-----------------------------|---|--------------------|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3/4 | Name of Registered Landfill Grand Central Landfill | |
| City, State Lincoln Park, NJ | | Disposal Date 08/18/2018 | | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | Signature Gordana Luna | | Date 08/06/2018 |

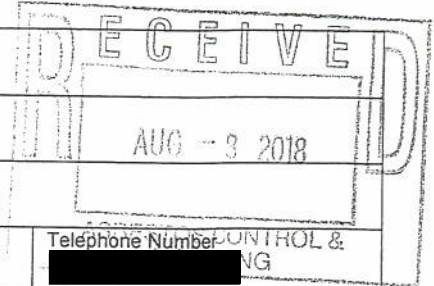
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25659

| | | | | | | | | | | | |
|--|--|--|----|--|-----|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1) 8/7/2018 | | Name of Building Owner/Operator (2) Joslyn | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 8 2018 Hazardous Waste Control & Management </div> | | | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | City, State, Zip Code Westfield, NJ 07090 | | | | | |
| | | | | Name of Contact Rick Joslyn | | Telephone Number 3 | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | | | Type of Facility (4) | | | | | | | |
| Street Address | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Westfield, NJ 07090 | | | | Square Feet 2400 | | # of Floors 2 | | | | | |
| County (6) Union | | | | County Code (7) (STATE USE ONLY) | | Bldg. Age 65+/- | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MECS | | | | ASCM No. | | Name of Abatement Contractor (9) Stevens Environmental Services, Inc. | | | | | |
| Street Address PO Box 341 | | | | Street Address PO Box 322 | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | | | City, State, Zip Code Allentown, NJ 08501 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | | | Telephone No. (609) 298-4070 | | License No. 00493 | | | | | |
| Start Date (10) 8/16/2018 | | Scheduled Completion Date (11) 8/31/2018 | | Name of OSHA Monitor MECS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address PO Box 341 | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | City, State, Zip Code Chesterfield, NJ 08515 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Laundry | | Yes | No | N/A | VAT | 230 sf | X | | | | |
| Basement Office | | | X | | VAT | 210 sf | X | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | NJDEP Waste Hauler ID No. 18292 | | Cubic Yards of Waste 2 cu | | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Allentown, NJ 08501 | | | | Disposal Date 8/31/18 | | City, State Morrisville, PA | | | | | |
| Completed by Mahlon E. Stevens | | Title Project Manager | | Signature | | Date 8/7/18 | | | | | |

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

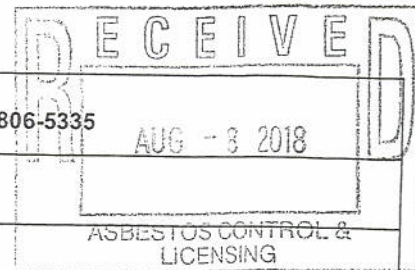
Check # 25655



| | | | | | | | | | |
|--|---|---|-----------------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 8/7/2018 | | Name of Building Owner/Operator (2) Pendenza | | | | | | | |
| 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 Hopewell, NJ 08525 | | | | | | | |
| | | Name of Contact Mark Pendenza | Telephone Number [REDACTED] NG | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Garage | | 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) Hopewell, NJ 08525 | | Square Feet 600 | # of Floors 1 | | | | | | |
| County (6) Mercer | | Bldg. Age 85+/- | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MECS | | ASCM No. | | | | | | | |
| Street Address PO Box 341 | | Name of Abatement Contractor (9) Stevens Environmental Services, Inc. | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | Street Address PO Box 322 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | City, State, Zip Code Allentown, NJ 08501 | Telephone No. 609 259-9688 | | | | | | |
| Start Date (10) 8/22/2018 | | Telephone No. (609) 298-4070 | License No. 00493 | | | | | | |
| Scheduled Completion Date (11) 8/31/2018 | | Name of OSHA Monitor MECS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 341 | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Chesterfield, NJ 08515 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Garage | | X | | Pipe Insulation | 60 lf | X | | | |
| Garage | | X | | Stored Pipe Insulation | 30 lf | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | NJDEP Waste Hauler ID No. 18292 | Cubic Yards of Waste 2 cu | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Allentown, NJ 08501 | | Disposal Date 9/4/18 | | City, State Morrisville, PA | | | | | |
| Completed by Mahlon E. Stevens | | Title Project Manager | Signature [Signature] | | | Date 8/7/18 | | | |


work

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



| | | | | | | | | | |
|--|---|--|-------------------------------------|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 2 / 18 | | Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1806-5335 | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Greco Telephone Number 201-602-1499 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JCP&L- Morristown | | 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 7 Andrea Lane | | Square Feet | | | | | | | |
| City (5) Morristown, NJ | | # of Floors | | | | | | | |
| County (6) Morris | | Bldg. Age | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Substation | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc. | | ASCM No. | | | | | | | |
| Street Address 140 S. Village Ave. Suite 130 | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| City, State, Zip Code Exton, PA 19341 | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| Project Manager for Monitoring Firm Brian Hovendon | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Telephone No. 610-524-5525 | | Telephone No. 609-265-2107 | | | | | | | |
| License No. 00529 | | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Start Date (10) 7 / 12 / 18 | | Scheduled Completion Date (11) 8 / 17 / 18 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/1:30PM-____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Pole JC149MRT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos risers | 16 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 8/17/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Operations Coordinator | | Signature | | Date 8/21/18 | | | |

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

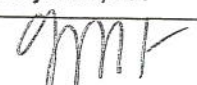
| | | | |
|--|---|--|---|
| Date of Notification (1) <div style="text-align: center;">8 / 3 / 18</div> | | Name of Building Owner/Operator (2) Trustees of Princeton / Job #1801-5252 Check #10075 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. Telephone Number 609-258-1841 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library Phase 6B-6D--- PG1 | | 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 One Washington Road | | Square Feet 1,000,000 | |
| City (5) Princeton | | # of Floors 8 | |
| County (6) Mercer | | Bldg. Age 72 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) University Library | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | | ASCM No. 00003 | Name of Abatement Contractor (9) AbateTech, Inc. |
| Street Address 1253 North Church Street | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Michael R. Keehn | | Telephone No. 856-840-8800 X | Telephone No. 609-265-2107 |
| Start Date (10) 2 / 21 / 18 | | Scheduled Completion Date (11) 9 / 30 / 18 | License No. 00529 |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Name of OSHA Monitor EMSL Analytical | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) | | Abatement Type Removal Repair Encapsulate Enclosure | |
| Phases 6B-6D- Levels 1 & 2 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Pipe Insulation 1,145 LF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| Phases 6B-6D- Levels 1 & 2 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Floor tile & Mastic 3,775 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| Phases 6B-6D- Levels 1 & 2 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Acoustical Ceiling Plaster 5,395 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| Phases 6B-6D- Levels 1 & 2 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Spline ceiling tiles 56 <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 40 |
| City, State Lumberton, NJ | | Name of Registered Landfill G.R.O.W.S. Landfill | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | Signature  Date 8-3-18 |

work

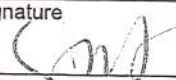
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|--|---|--|--|------------------------------|----------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 3 / 18 | | Name of Building Owner/Operator (2) Trustees of Princeton / Job #1801-5252 Check #10075 | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. Telephone Number 609-258-1841 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library Phase 6B-6D--- PG2 | | 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 One Washington Road | | Square Feet 1,000,000 | | | | | | | |
| City (5) Princeton | | # of Floors 8 | | | | | | | |
| County (6) Mercer | | Bldg. Age 72 | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) University Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | | ASCM No. 00003 | | | | | | | |
| Street Address 1253 North Church Street | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| Project Manager for Monitoring Firm Michael R. Keehn | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Telephone No. 856-840-8800 X | | Telephone No. 609-265-2107 | | | | | | | |
| Start Date (10) 2 / 21 / 18 | | License No. 00529 | | | | | | | |
| Scheduled Completion Date (11) 9 / 30 / 18 | | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North | | | | | | | |
| 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 Cinnaminson, NJ 08077 | | | | | | | |
| 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 |
| 1D | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite Panels | 25 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | | Name of Registered Landfill G.R.O.W.S. Landfill | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature gmt | | Date 8-3-18 | | | |

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

| Date of Notification (1) 8 / 3 / 18 | | Name of Building Owner/Operator (2) Trustees of Princeton / Job #1801-5252 Check #10075 | | | | | | | |
|--|---|--|----------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. Telephone Number 609-258-1841 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library Phase 6B-6D--- PG2 | | 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 One Washington Road | | Square Feet 1,000,000 | # of Floors 8 | | | | | | |
| City (5) Princeton | | Bldg. Age 72 | | | | | | | |
| County (6) Mercer | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) University Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | ASCM No. 00003 | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| Street Address 1253 North Church Street | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Michael R. Keehn | Telephone No. 856-840-8800 X | Telephone No. 609-265-2107 | License No. 00529 | | | | | | |
| Start Date (10) 2 / 21 / 18 | Scheduled Completion Date (11) 9 / 30 / 18 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 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 |
| Phases 6B-6D- Levels 1 & 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite Panels | 56 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phases 6B-6D- Levels 1 & 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Radiator enclosure liner | 48 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Fl. Office Area Columns 13G & 13H | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprayed on Fireproofing | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Fl. Office Area Columns 13G & 13H | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 30 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | | Date 8-3-18 | | | |

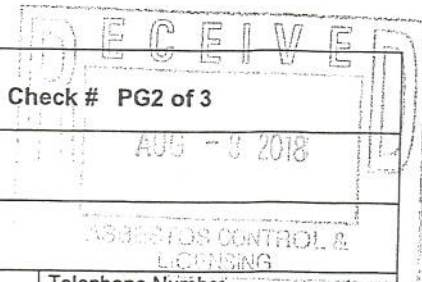
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) 8 / 2 / 18 | | Name of Building Owner/Operator (2) Verizon Communications / Check # PG1 of 3 | | | | | | | |
|---|--|--|-----------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor | | | | | | | |
| | | Telephone Number 301-583-0048 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 William Street | | Square Feet | # of Floors | | | | | | |
| City (5) Newark | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | License No. 00529 | | | | | | |
| Start Date (10) 8 / 25 / 17 | Scheduled Completion Date (11) 9 / 30 / 18 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Please see attached | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Please see attached | Please see attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tank Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 25 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st to 3 rd Floor Pipe Chase | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 45 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | | Date 8/2/18 | | | |

BK 1046

PAID

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

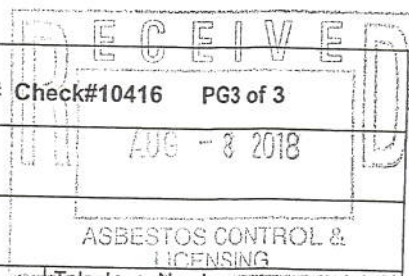


| Date of Notification (1) 8 / 2 / 18 | | | Name of Building Owner/Operator (2) Verizon Communications / Job # Check # PG2 of 3 | | | | | | |
|---|---|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor Telephone Number 301-583-0048 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 95 William Street | | | Square Feet # of Floors Bldg. Age | | | | | | |
| City (5) Newark | | | County Code (7)(STATE USE ONLY) | | | | | | |
| County (6) Essex | | | Current Use (Prior if being demolished) Offices | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | Telephone No. 215-365-5810 | | License No. 00529 | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 609-265-2107 | | Name of OSHA Monitor EMSL Analytical | | | | | |
| Start Date (10) 8 / 25 / 17 | | Scheduled Completion Date (11) 9 / 30 / 18 | | 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: 7AM-3:30PM/5PM-2AM | | | | | |
| Street Address 200 Route 130 North | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Mechanical Loft | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 10 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior brick façade/black mastic | 2,569 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fitting Insulation | 88 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Caulking and Glazing | 3 windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 8/31/18 | | | |

CK10416

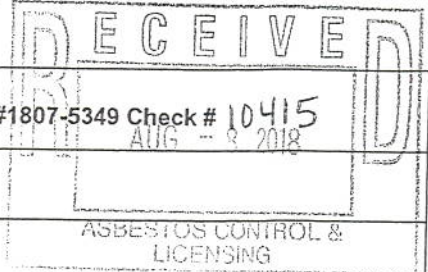
PAID

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



| Date of Notification (1) 8 / 2 / 18 | | Name of Building Owner/Operator (2) Verizon Communications / Job # Check#10416 PG3 of 3 | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor | | | | | | | |
| | | Telephone Number 301-583-0048 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 William Street | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Newark | | | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | Telephone No. 609-265-2107 | | | | | | |
| License No. 00529 | | | | | | | | | |
| Start Date (10) 8 / 25 / 17 | Scheduled Completion Date (11) 9 / 30 / 18 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 4 th Floor Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe/ Fitting Insulation | 10 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th Floor Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roof Flashing | 30 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior brick façade/black mastic | 135 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G Building | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior Vertical vent caulking | 920 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | City, State Tullytown, PA | | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | Signature | | | | Date 8/2/18 | | |

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



| | | | |
|--|---|--|---|
| Date of Notification (1) <u>7</u> / <u>31</u> / <u>18</u> | | Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1807-5349 Check # 10415 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 10 Legion Place- Building A | |
| | | City, State, Zip Code Morristown, NJ 07960 | |
| | | Name of Contact Matt Turner | Telephone Number 215-221-9335 |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) JCP&L-Spring Lake | | 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 10 Tuttle Avenue | | | |
| City (5) Spring Lake, NJ | | Square Feet | # of Floors |
| | | Bldg. Age | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Substation | |
| Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc. | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 140 S. Village Ave. Suite 130 | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code Exton, PA 19341 | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Brian Hovendon | Telephone No. 610-524-5525 | Telephone No. 609-265-2107 | License No. 00529 |
| Start Date (10) <u>8</u> / <u>3</u> / <u>18</u> | Scheduled Completion Date (11) <u>8</u> / <u>3</u> / <u>18</u> | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 200 Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

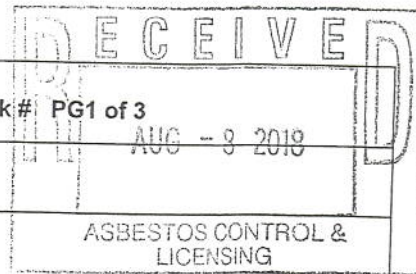
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Pole JC191SL | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos risers | 16 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 2 | Name of Registered Landfill Fairless Landfill | |
| City, State Lumberton, NJ | | Disposal Date 8/3/18 | City, State Tullytown, PA | | |
| Completed By (Print or Type) Gwen Trumbetti | Title Operations Coordinator | Signature | | Date 7/31/18 | |

nock

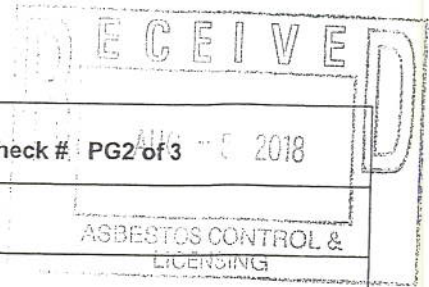
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| Date of Notification (1) <u>7</u> / <u>31</u> / <u>18</u> | | Name of Building Owner/Operator (2) Verizon Communications / Check # PG1 of 3 | | | | | | | |
|---|---|--|-----------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>8</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor | | | | | | | |
| | | Telephone Number 301-583-0048 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 William Street | | Square Feet | # of Floors | | | | | | |
| City (5) Newark | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | Telephone No. 215-365-5810 | Telephone No. 609-265-2107 | License No. 00529 | | | | | | |
| Start Date (10) <u>8</u> / <u>25</u> / <u>17</u> | Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>18</u> | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/5PM-2AM</u> | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Please see attached | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Please see attached | Please see attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tank Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 25 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st to 3rd Floor Pipe Chase | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 45 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title Operations Coordinator | | Signature | | | Date 7/31/18 | | | |

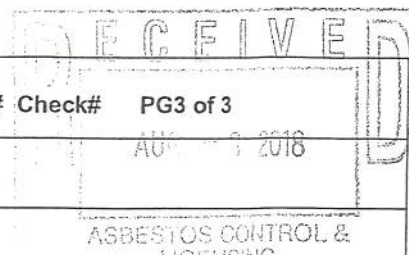
NOCK

**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;">6 / 29 / 31</div> | | Name of Building Owner/Operator (2) Verizon Communications / Job # Check # PG2 of 3 - 5 2018 | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Greenwood Avenue | | | | | | | |
| | | City, State, Zip Code Jenkintown, PA 19046 | | | | | | | |
| | | Name of Contact Alex Baylor | Telephone Number 301-583-0048 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 William Street | | | | | | | | | |
| City (5) Newark | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | Telephone No. 609-265-2107 License No. 00529 | | | | | | |
| Start Date (10) <div style="text-align: center;">8 / 25 / 17</div> | Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 18</div> | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Mechanical Loft | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 10 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior brick façade/black mastic | 2,569 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fitting Insulation | 88 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7th Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Caulking and Glazing | 3 windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 7/31/18 | | | |

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



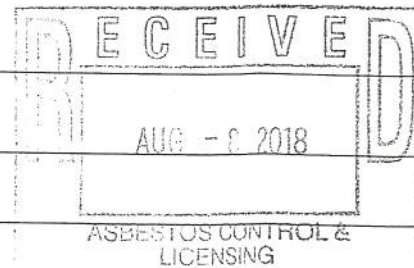
| Date of Notification (1) <u>6</u> / <u>29</u> / <u>31</u> | | Name of Building Owner/Operator (2) Verizon Communications / Job # Check# PG3 of 3 | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>8</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor | | | | | | | |
| | | Telephone Number 301-583-0048 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Market CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 William Street | | Square Feet | # of Floors | | | | | | |
| City (5) Newark | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 8436 Enterprise Ave. | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | License No. 00529 | | | | | | |
| Start Date (10) <u>8</u> / <u>25</u> / <u>17</u> | Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>18</u> | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/5PM-2AM</u> | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 4 th Floor Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe/ Fitting Insulation | 10 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th Floor Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roof Flashing | 30 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 9/30/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 7/31/18 | | | |

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RECEIVED
k #10179
AUG - 3 2018
ASBESTOS CONTROL &
LICENSING

CK 546

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

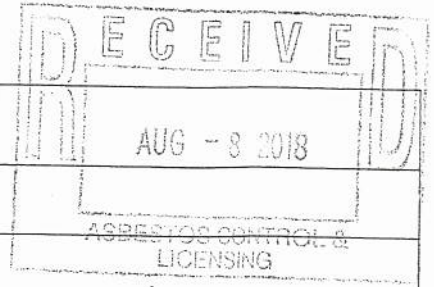


| | | | | | | | | |
|--|--|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 07 / 18 | | Name of Building Owner/Operator (2) The Hampshire Companies, LLC | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 22 Maple Avenue | | | | | | |
| | | City, State, Zip Code Morristwon, NJ 07960 | | | | | | |
| | | Name of Contact Eric Helstrom | Telephone Number 973-630-9815 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mountain Side Hospital / The Mills 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 1 Bay Avenue | | Square Feet 10,000 | | | | | | |
| City (5) Montclair | | # of Floors 3 | Bldg. Age 50 | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | |
| Street Address | | Street Address 47 Foster Road | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Staten Island NY 10309 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 718-605-6256 | | | | | |
| Start Date (10) 04 / 12 / 18 | | Scheduled Completion Date (11) 12 / 31 / 18 | License No. 00774 | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM/ PM- AM | | Name of OSHA Monitor Testor Tech | | | | | | |
| Street Address 10 59 Jackson Avenue | | City, State, Zip Code LIC NY 11101 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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 |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | Cubic Yards of Waste 80 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | |
| City, State Hackettstown, NJ | | Disposal Date 10/31/18 | | City, State Morrisville, PA | | | | |
| Completed By (Print or Type) Ralph Barnhardt | | Title Project Manager | | Signature | | Date 08-07-18 | | |

0546

PAID

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

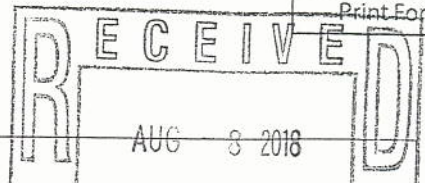


| | | | | | | | | |
|---|---|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 04 / 03 / 18 | | Name of Building Owner/Operator (2) The Hampshire Companies, LLC | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 22 Maple Avenue City, State, Zip Code Morristown, NJ 07960 Name of Contact Eric Helstrom Telephone Number 973-630-9815 | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mountain Side Hospital / The Mills 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 1 Bay Avenue | | Square Feet 10,000 | | | | | | |
| City (5) Montclair | | # of Floors 3 | | | | | | |
| County (6) Essex | | Bldg. Age 50 | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | | |
| Street Address | | Street Address 47 Foster Road | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Staten Island NY 10309 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 718-605-6256 | | | | | | |
| Start Date (10) 04 / 12 / 18 | | License No. 00774 | | | | | | |
| Scheduled Completion Date (11) 12 / 31 / 18 | | Name of OSHA Monitor Testor Tech | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM / _____ PM-_____ AM | | Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | Cubic Yards of Waste 200 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | |
| City, State Hackettstown, NJ | | Disposal Date 10/31/18 | | City, State Morrisville, PA | | | | |
| Completed By (Print or Type) Ralph Barnhardt | | Title Project Manager | | Signature | | Date 04-03-18 | | |

OK 6579

PAID

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



Print Form

| | | | | | | | | | |
|--|--|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 8/6/18 | | Name of Building Owner/Operator (2) Somerset Development | | | | | | | |
| Agencies Notified | Type Notification | Street Address 101 Crawfords Corner Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Holmdel, NJ 07733 | | | | | | | |
| | | Name of Contact | Telephone Number (732) 367-2828 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1074 | # of Floors Bldg. Age | | | | | | |
| City (5) Jackson | | Current Use (Prior if being demolished) home | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | | | | | | | | |
| 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) 8/16/18 | Scheduled Completion Date (11) 8/22/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input 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 |
| INTERIOR | | | | Floor Tile and mastic | 300SF | 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 8/22/18 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date | | | |