

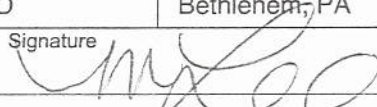
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Project #

Check # 3042

Date of Notification (1) 08/05/2015		Name of Building Owner/Operator (2) Jersey City BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 346 Claremont Ave	
		City, State, Zip Code Jersey City, NJ 07305	
		Name of Contact Kevin O'Shea	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Dickinson High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 Palisade Ave			
City (5) Jersey City, NJ 07304		Square Feet	# of Floors Bldg. Age
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC
Street Address P.O BOX 385		Street Address 72 Brookside Rd	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833	Telephone No. 973-933-2550
License No. 01133			
Start Date (10) 08/07/2015	Scheduled Completion Date (11) 08/10/2015	Name of OSHA Monitor J&S Environmental	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 RT 22	
		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) 3 Floors	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) TSI
	Amount (Specify SF or LF) 60 LF		
		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD
City, State Randolph, NJ 07869		Name of Registered Landfill G.R.O.W.S	
		Disposal Date TBD	City, State Tullytown, PA
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 08/05/2015

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

Date of Notification (1) 08/10/2015		Name of Building Owner/Operator (2) Trinity Lutheran Church							
Agencies Notified	Type Notification	Street Address 167 Palisades Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bogota, NJ 07603							
		Name of Contact Marcus Grasso/Rev Peter Olsen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinity Lutheran Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 167 Palisades Avenue		Square Feet unknown	# of Floors 2						
City (5) Bogota		Bldg. Age 50 plus							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Lutheran Church							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 35E		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, NJ 0741		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9144	Telephone No. (973) 450-9500						
License No. 01036									
Start Date (10) 08/22/2015	Scheduled Completion Date (11) 08/24/2015	Name of OSHA Monitor Incinia 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 <input checked="" type="checkbox"/> Other – Describe: Saturday: 7:00AM - 5:00PM		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Former Bathroom		X	X	Wall Plaster	7.5 SF	X			
Name of Registered Waste Hauler Atlantic Carting/JR Contracting		NJDEP Waste Hauler ID No. NJ-641/JA-464	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 08/10/2015			

CK 36090

Print Form

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

Date of Notification (1) 08/11/15		Name of Building Owner/Operator (2) JORGE MARTINEZ							
Agencies Notified	Type Notification	Street Address 226 UNION AVENUE							
<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 RUTHERFORD, NJ 07070							
		Name of Contact JORGE MARTINEZ							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 226 UNION AVENUE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RUTHERFORD, NJ		Square Feet 2000	# of Floors 2						
County (6) BERGEN COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
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) 08/21/15	Scheduled Completion Date (11) 08/21/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				ACM PIPE INSULATION	80 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/21/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 08/11/15		

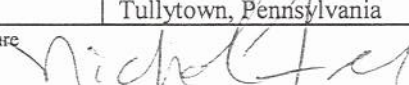
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 11, 2015		Name of Building Owner/Operator (2) KPS Sons Carpentry, LLC	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	46 Princeton Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Brick, New Jersey 08724	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Ken	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 74 Dock Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Brick			Square feet 1500 sf		
			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Current Use (Prior if being demolished) Residence			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Street Address 1889 Route 9, Unit 61		
Street Address			City, State, Zip Code Toms River, New Jersey 08755-1271		
City, State, Zip Code			Telephone Number 732-349-9932		
Project Manager for Monitoring Firm		Telephone Number	License Number 00624		
Scheduled Start Date (10) 8/12/15		Scheduled Completion Date (11) 8/13/15	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T P R O C E D U R E	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		☐ JDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/14/15		City, State Tullytown, Pennsylvania			
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/11/2015	

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

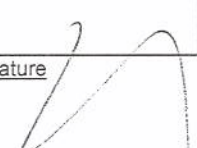
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 08/11/2015		Name of Building Owner/Operator (2) Grace Temple Baptist Church							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 22 Chapman Place							
	City, State, Zip Code: Irvington, NJ 07111								
	Name of Contact: Julia Harris		Telephone Number:						
FACILITY INFORMATION									
Name of Facility Grace Temple Baptist Church			Type of Facility (4):						
22 Chapman Place			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
City/ (5) Irvington	County (6): Essex	County Code (7): 07111	Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use : Church						
Name of Monitoring Firm Hired by Building Owner: Apex Development, Inc.		ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: 658 Rutgers Place			Street Address: 658 Rutgers Place						
City, State, Zip Code: Paramus, NJ 07652			City, State, Zip Code: Paramus, NJ 07652						
Project Manager for Monitoring Firm:		Telephone No.: 973-350-0101	Telephone No.: (973) 350-0101	License No.: 01215					
Start Date (10): 08/21/15	Scheduled Completion Date (11): 08/24/15		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply):									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/ Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	20 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:			City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 08/11/2015			

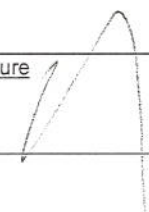
CK 8788

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

<u>Date of Notification (1)</u> AUG 10, 2015		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 80 Park Plaza	
		<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino	<u>Tel. Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Sewaren Generating Station		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 751 Cliff Road		Sq. Feet <u>1,000,000</u> # of Floors <u>8</u>	
<u>City (5)</u> Sewaren	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	Bldg. Age <u>67</u> Current Use (prior if being demolished) Electric Generating Station
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolute Ace Inc.
<u>Street Address</u>		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> Aug 25, 2015	<u>Scheduled Completion Date (11)</u> Aug 25, 2016	<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Nos. 1, 2, 3 & 4 Units, Floors 1-8, WAREHOUSE & GARAGES	X	Boiler and pipe insulation, TRANISTE & MASTIC	25,000 square feet
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery
<u>City, State</u> Elizabeth, NJ 07114-2436		<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 8/10/15


OK 8788

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

<u>Date of Notification (1)</u> AUG 10, 2015		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 80 Park Plaza	
		<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorinoi	<u>Tel Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> LINDEN GENERATING Station		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 4001 S. WOOD AVE		Sq. Feet <u>8000,000</u> # of Floors <u>8</u>	
<u>City (5)</u> LINDEN	<u>County (6)</u> UNION	<u>County Code (7)</u> (State Use Only)	Bldg. Age <u>79</u> Current Use (prior if being demolished) <u>Electric Generating Station</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
<u>Street Address</u>		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> Aug 25, 2015	<u>Scheduled Completion Date (11)</u> Aug 25, 2016	<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe <u>Two Shifts, 12 hours each, 24 hour plant coverage</u>		<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES</u>	X	Boiler and pipe insulation, TRANSITE & MASTIC	25,000 square feet
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery
<u>City, State</u> Elizabeth, NJ 07114-2436		<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 8/10/15

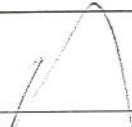
CK 8758

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

<u>Date of Notification (1)</u> AUG 10, 2015			<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC		
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza	
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
				<u>Name of Contact</u> Domenic Fiorino	
<u>Tel Number</u>					
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> KEARNY GENERATING Station			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> FOOT OF HACKENSACK AVE			<u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8		
<u>City (5)</u> KEARNY	<u>County (6)</u> HUDSON	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 77		
			<u>Current Use (prior if being demolished)</u> Electric Generating Station		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.		
<u>Street Address</u>			<u>Street Address</u> PO BOX 295		
<u>City, State, Zip Code</u>			<u>City State, Zip Code</u> FLORHAM PARK, NJ 07932		
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225	
<u>Scheduled Start Date (10)</u> Aug 25, 2015		<u>Scheduled Completion Date (11)</u> Aug 25, 2016		<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage			<u>Street Address</u> 5 Linwood Ct		
			<u>City, State, Zip Code</u> Hamilton, NJ 08690		
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
BASEMENT TO PENTHOUSE, Warehouse & Garages	X	Boiler and pipe insulation, Transite & Mastic	25,000 square feet	X	X
				X	X
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery	
<u>City, State</u> Elizabeth, NJ 07114-2436			<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 8/10/2015		

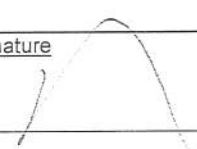
OK 8/7/15

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

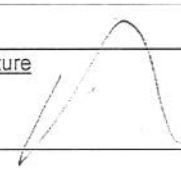
<u>Date of Notification (1)</u> Aug 10, 2015			<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC		
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza	
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> HUDSON GENERATING Station			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> DUFFIELD & VAN KUEREN ST			<u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8		
<u>City (5)</u> JERSEY CITY	<u>County (6)</u> HUDSON	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 67 <u>Current Use</u> (prior if being demolished) Electric Generating Station		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.		
<u>Street Address</u>			<u>Street Address</u> PO BOX 295		
<u>City, State, Zip Code</u>			<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932		
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225	
<u>Scheduled Start Date (10)</u> Aug 25, 2015		<u>Scheduled Completion Date (11)</u> Aug 25, 2016		<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage			<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690		
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
Boiler Basement- 11fl, Warehouse and Garages	X	Boiler & Pipe insulation, Transite & Tile	25,000sf	X	X X X X
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 300	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery	
<u>City, State</u> Elizabeth, NJ 07114-2436			<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 		<u>Date</u> 8/10/15	

OK 8758

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

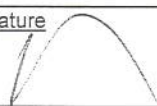
<u>Date of Notification (1)</u> Aug 10, 2015			<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC		
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza	
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> ESSEX GENERATING Station			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 155 Raymond Blvd			Sq. Feet 1,000,000 # of Floors 8		
<u>City (5)</u> Newark	<u>County (6)</u> Essex	<u>County Code (7)</u> (State Use Only)	Bldg. Age 66 Current Use (prior if being demolished) Electric Generating Station		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.		
<u>Street Address</u>			<u>Street Address</u> PO BOX 295		
<u>City, State, Zip Code</u>			<u>City State, ZipCode</u> FLORHAM PARK, NJ 07932		
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225		
<u>Scheduled Start Date (10)</u> Aug 25, 2015	<u>Scheduled Completion Date (11)</u> Aug 25, 2016	<u>Name of OSHA Monitor</u> MECS			
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other – Describe Two Shifts, 12 hours each, 24 hour plant coverage			<u>Street Address</u> 5 Linwood Ct		
			<u>City, State, Zip Code</u> Hamilton, NJ 08690		
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
BASEMENT – PENTHOUSE- WAREHOUSE & GARAGES	X	Boiler and pipe insulation, Transite, MASTIC	25,000 square feet	X	X X X X
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery	
<u>City, State</u> Elizabeth, NJ 07114-2436			<u>Disp. Date</u> Jan-Dec 2014	<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 8/10/15		

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

<u>Date of Notification (1)</u> AUG 7, 2015			<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC		
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza	
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Burlington Generating Station			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 200 Devlin Ave			<u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8		
<u>City (5)</u> Burlington	<u>County (6)</u> Burlington	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 77 <u>Current Use (prior if being demolished)</u> Electric Generating Station		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.		
<u>Street Address</u>			<u>Street Address</u> PO BOX 295		
<u>City, State, Zip Code</u>			<u>City State, ZipCode</u> Florham Park, NJ 07932		
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225	
<u>Scheduled Start Date (10)</u> AUG 25, 2015		<u>Scheduled Completion Date (11)</u> AUG 25, 2016		<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe _____			<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690		
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
Floors 1-10	X	Boiler and pipe insulation	25,000 square feet	X	
<u>Name of Reg. Waste Hauler OWNER</u>		<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 1000	<u>Name of Reg. Landfill</u> Grand Sanitary Landfill	
<u>City, State</u>			<u>Disp. Date</u> 9-1-13	<u>City, State</u> Penn Argyl, PA	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 		<u>Date</u> 8/10/15	

CK 8788


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

Date of Notification (1) AUG 10, 2015			Name of Building Owner/Operator (2) NESTLES USA		
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled		Street Address 61 JERSEYVILLE AVE	
				City, State, Zip Code FREEHOLD, NJ	
		Name of Contact WILSON ROBLES		Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address			Sq. Feet 1,000,000 # of Floors 10		
City (5) FREEHOLD	County (6) MONMOUTH	County Code (7) (State Use Only)	Bldg. Age 70 Current Use (prior if being demolished) FACTORY		
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		ASCM No.		Name of Contractor (9) Absolut Ace Inc.	
Street Address			Street Address PO BOX 295		
City, State, Zip Code			City State, ZipCode FLORHAM PARK, NJ 07932		
Project Manager for Monitoring Firm		Telephone Number		License Number	
		(973) 410-9217		00225	
Scheduled Start Date (10) AUG 25, 2015		Scheduled Completion Date (11) AUG 25, 2015		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe- PLANT IS OPEN			Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690		
Source of Work (Check all that apply) (x) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
BASEMENT- Floors 1- ROOF	X	Boiler, pipe insulation, Roofing, Tile	25,000 square feet	X	X X X X
Name of Reg. Waste Hauler BY OWNER		NJDEP Waste Hauler ID #		Cubic Yards of Waste 200	
				Name of Reg. Landfill	
City, State		Disp. Date		City, State	
Completed by (Print or Type) ROBERT GROGAN		Title VP		Signature  Date 8/10/15	

Emergency

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

CK 5014

Date of Notification (1) 8/10/15		Name of Building Owner/Operator (2) Dominic & Aileen Naples Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 West Boat Dr.		City, State, Zip Code Tuckerton NJ 08087							
Name of Contact Dominic		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dominic & Aileen Naples Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 West Boat Dr.		Square Feet 1000+	# of Floors 1.5						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/11/15	Scheduled Completion Date (11) 8/14/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/14/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 8/10/15	

CK 501M

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

Date of Notification (1) 8/11/15		Name of Building Owner/Operator (2) Former Municipal Building	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 South Washington Avenue		City, State, Zip Code Margate NJ 08402	
Name of Contact Marco Carulli		Telephone Number	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 South Washington Avenue		Square Feet 1000+	# of Floors 2
City (5) Margate NJ 08402		Bldg. Age 35+	
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address 232 Kings Highway East		Street Address PO Box 329	
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Marco D. Carulli		Telephone No. 856-795-9595 ext. 4	License No. 00727
Start Date (10) 8/24/15	Scheduled Completion Date (11) 8/27/15	Name of OSHA Monitor Same	
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 <input type="checkbox"/> Other - Describe: night work after 3:30		Street Address	
		City, State, Zip Code	

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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 8/27/15	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 8/11/15

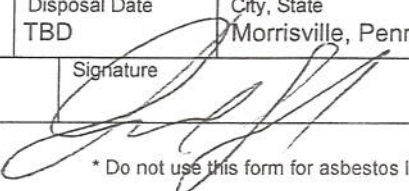
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CIC 5745

Date of Notification (1) 8/11/15		Name of Building Owner/Operator (2) MR. EDWARD SCULFORT		AUG 14 2015		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 MOUNTAIN AVE			
			City, State, Zip Code WESTWOOD . NJ. 07675			
			Name of Contact MR. SCULFORT		Telephone Number	
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. SCULFORT				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 29 MOUNTAIN AVE				Square Feet 2500	# of Floors 2	
City (5) WESTWOOD				Bldg. Age 1935		
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc			
Street Address		Street Address 450 S. River St				
City, State, Zip Code		City, State, Zip Code Hackensack , N.J. 07601				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 8/20/15	Scheduled Completion Date (11) 8/21/15		Name of OSHA Monitor Omega Environmental			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 1 dm to SRM			Street Address 280 Huyler St			
			City, State, Zip Code S. Hackensack , N.J. 07606			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENTS	Yes No N/A	THERMAL INSULATION	40 SF	X		
BASEMENT		THERMAL SYSTEM INSULATION	110 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3CY	Name of Registered Landfill Cumberland County Landfill		
City, State Hackensack , N.J. 07601		Disposal Date 8/21/15	City, State Newburgh , PA. 17240			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 8/11/15		

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

CHK# 1742

Date of Notification (1) 08/11/2015		Name of Building Owner/Operator (2) Nardeen Zaklama							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2734 Kennedy Blvd							
		City, State, Zip Code Jersey City NJ 07306							
		Name of Contact Nardeen Zaklama	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 364 Grove Street		Square Feet 1,900 +	# of Floors 2						
City (5) Newark		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) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 08/13/2015	Scheduled Completion Date (11) 08/13/2015	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Working Hours		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front & Rear Porch			x	Roofing Material	360 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Totowa NJ 07512		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title Project Manager		Signature 		Date 08/11/2015			

08/10/2015 13:37

NO. 714 #002

CK 2301

AUG 14 2015

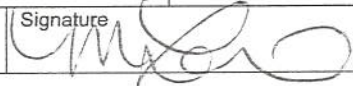
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:28 and 12:120)

Date of Notification (1) August 10, 2015		Name of Building Owner/Operator (2) Medford Leas Retirement Community		Check # 2301					
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 1 Medford Leas Way City, State, Zip Code Medford, NJ 08055 Name of Contact John Gray Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Medford Leas - Estabroth Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 Medford Leas Way			Square Feet 10,000	# of Floors 1	Build. Age 100				
City (5) Medford			Current Use (Prior if being demolished) Retirement Community						
County (6) Burlington		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Management & Envir. Consulting Services		ACSM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Culler Avenue							
City, State, Zip Code Chesterfield, NJ 08616		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Welsgarber		Telephone No. 609-285-4070	Telephone No. 656-765-0099	License No. 00842					
Start Date (10) August 11, 2015		Scheduled Completion Date (11) September 11, 2015		Name of OSHA Monitor EMBL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> <23 sf or <23 lf <input checked="" type="checkbox"/> >180 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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
First Floor		XXX		Acoustical Spray Material	8,020	X			
First Floor		XXX		Floor Tile	8,080	X			
Name of Registered Waste Hauler Freehold Cartage		NJOEP Waste Hauler ID No. 02265	Cubic Yards of Waste 80	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 9/11/2015	City, State Newburg, PA						
Completed by Christine Lynch		Title Operations Manager	Signature 	Date 8/10/2015					

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

Date of Notification (1) 08/12/2015		Name of Building Owner/Operator (2) LURCH DEMOLITION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 42							
		City, State, Zip Code AVON BY THE SEA NJ 07717							
		Name of Contact FRANK LURCH	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ABANDONED BLDG.		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 861 ALEXANDER ROAD		Square Feet 25000	# of Floors 1						
City (5) WINDSOR		Bldg. Age 80							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL SVCS						
Street Address		Street Address P.O. Box 8297							
City, State, Zip Code		City, State, Zip Code TRENTON NJ 08650							
Project Manager for Monitoring Firm		Telephone No. 609.847.2956	License No. 01222						
Start Date (10) 08/12/2015	Scheduled Completion Date (11) 09/05/2015	Name of OSHA Monitor ENSL ANALYTICAL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 ROUTE 130							
		City, State, Zip Code CINNAMINSON NJ 08071							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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		ROOFING	25000 SF	X			
INTERIOR		X		VAT	25,000 SF	X			
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 4	Name of Registered Landfill GROWS LANDFILL					
City, State TRENTON NJ		Disposal Date VARIOUS		City, State MORRISVILLE PA					
Completed by ROD RICHARDSON		Title PROJECT MANAGER	Signature <i>[Signature]</i>	Date 08/12/2015					

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

Date of Notification (1) 08/10/2015		Name of Building Owner/Operator (2) The Village School, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 West Prospect Street City, State, Zip Code Waldwick, NJ 07463 Name of Contact Marilyn Larkin						
			Telephone Number						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The Village School Street Address 100 West Prospect Street City (5) Waldwick		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 60,000 # of Floors 2 Bldg. Age 1936							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 35E City, State, Zip Code Fair Lawn, NJ 0741		Street Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9144	Telephone No. (973) 450-9500 License No. 01036						
Start Date (10) 08/13/2015	Scheduled Completion Date (11) 09/4/2015	Name of OSHA Monitor Incinia 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 <input checked="" type="checkbox"/> Other – Describe: <u>Saturday: 7AM-4PM.</u>		Street Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code Clifton, NJ 07012							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace Above Auditorium		X	X	Pipe Insulation	320 LF	X			
Name of Registered Waste Hauler Atlantic Carting/JR Contracting		NJDEP Waste Hauler ID No. NJ-641/JA-464	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 08/10/2015			

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) August 11, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact GREG LUPINSKI, ENV HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Boyden Hall- Building # 7217		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years	
Street Address Newark Campus		Current Use (prior if being demolished):	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 11, 2015	Scheduled Completion Date (11) August 18, 2015	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) 311, 339 Suite, 344 Suite	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Mastic	Amount (Specify SF or LF) 2400 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill GROWS North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 20, 2015	City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
Hauler #2) STG-58 Pyles Lane, New Castle, DE 19720			
Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 11, 2015

GAC # 2015-060-

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)


Date of Notification (1) July 16, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact GREG LUPINSKI, ENV HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Boyden Hall- Building # 7217		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years	
Street Address Newark Campus		Current Use (prior if being demolished):	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		City, State, Zip Code Butler, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 11, 2015		Scheduled Completion Date (11) August 18, 2015	
Name of OSHA Monitor EMSL inc.		Street Address 1056 Stelton Road	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) 311, 339 Suite, 344 Suite	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Mastic	Amount (Specify SF or LF) 2400 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill GROWS North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 20, 2015	City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
Hauler #2) STG-58 Pyles Lane, New Castle, DE 19720			
Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date July 16, 2015

GAC # 2015-060-

State of New Jersey 609-633-2129 Mail to: NJDEP
 NOTIFICATION OF ASBESTOS ABATEMENT 1 John Fitchway Plaza
 (Pursuant to NJAC 8:60-7 and 12:120-7) 3rd Floor
 P.O. Box 949
 Trenton, N.J. 08625

Date of Notification (1) 8/10/15		Name of Building Owner/Operator (2) PNINA SHER	
Agencies Notified	Type Notification	Street Address	
() EPA	<input checked="" type="checkbox"/> Initial	343 Hampshire Drive	
(X) DEP	Notification	City, State, Zip	
() DOL	() Amended	Ventnor, N.J. 08406	
() DOH	Notification	Name of Contact	
() DCA		PNINA SHER	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Apartment Building			Type of Facility (4)						
Street Address 4101-4109 Ventnor ave			() School (K-12)						
City (5) ATLANTIC CITY			() Subchapter 8 (Other than K-12)						
County (6) Atlantic			(X) Other (i.e. private & commercial buildings)						
County Code (7) (STATE USE ONLY)			Square Feet 6000 SF	# of Floors 3	Building Age 50				
Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building		ASCM No.	Name of Contractor (9) South Shore Contractors LLC						
Street Address			Street Address 6157 MILL ROAD						
City, State, Zip			City, State, Zip Egg Harbor Twp., N.J. 08234						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609 822 2100	License Number 130400666300					
Scheduled Start Date (10) 8/22/15		Scheduled Completion Date (11) 8/30/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one)			Street Address						
() Facility Closed/Vacated During Entire Period of Abatement			4101 4109 Ventnor ave.						
() Abatement Performed Outside of Normal Facility			City, State, Zip						
Hours - Describe			Atlantic City, N.J. 08401						
() Other - Describe									
Scope of Work (Check all that apply)									
() Demolition									
(X) Renovation REPLACE ROOF									
() Large Project (> 160 SF or > 260 LF ACM)									
() Full Containment with Negative Pressure									
() Small Project (> 25 < 160 SF or > 260 LF ACM)									
() Mini-Enclosure									
() Minor Project (< 25 SF or < 10 LF ACM)									
() Glovebag Procedure									
Location of Asbestos-Containing Material (ACM) in Facility (13) MAIN ROOF	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
Name of Registered Waste Transformation Ent Inc.		NJDEP Waste Hauler ID No. 18952		Cubic Yards of Waste		Name of Registered Landfill Atlantic County Util. Auth.			
City, State Egg Harbor, N.J.		Disposal Date		City, State					
Completed by (Print or Type) PAUL WETTER		Title President		Signature 		Date 8/10/15			

check# 2856

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

Date of Notification (1) 8 / 10 / 15		Name of Building Owner/Operator (2) Gloucester Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Erial Rd							
		City, State, Zip Code Blackwood, NJ 08012							
		Name of Contact Sani Umar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Erial Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Non-Sub8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 20 Essex Ave.									
City (5) Sicklerville		Square Feet	# of Floors						
County (6) Gloucester		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 515 Grove St.		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Tom Leisse		Telephone No. 856-656-2922	Telephone No. 215-788-6040						
Start Date (10) 8 / 21 / 15		Scheduled Completion Date (11) 8 / 21 / 15	License No. 00509						
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: 7:00AM-3:30PM / ____PM-____AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input 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
Boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estimator		Signature <i>Brian Scafiro/AC</i>		Date 8/10/15				

BS 15040

Pg. 1 of 2

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

Date of Notification (1) 8 / 10 / 15		Name of Building Owner/Operator (2) 500 Cedar Lane, LLC		/ Job #1508-2009 Chk. #4043	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 745 Leo Bullocks Parkway	
		City, State, Zip Code Elyria, OH 44035		Telephone Number	
		Name of Contact Ron Smolskis			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Property Bldgs. 2 & 3				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 500 Cedar Lane					
City (5) Florence, NJ				Square Feet 190K/60K	# of Floors 2 Fls. & 1 Fl.
				Bldg. Age 1967 both	
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address P.O. Box 316		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare, NJ		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. (856-848-0800)	Telephone No. 609-702-0400	License No. 00862	
Start Date (10) 8 / 24 / 15		Scheduled Completion Date (11) 9 / 24 / 15		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 U.S. Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Buildings 2 & 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	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"/>		
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill
City, State Freehold, NJ		Disposal Date 9/25/15		City, State Morrisville, PA 19067	
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature Joann Mullarkey	Date 8-10-15



2015 AUG 14 AM 8:18
A. J. JONES
2105P000001

SCOPE

Confirmed Asbestos Materials per asbestos survey by 1 Source Safety and Health Inc. dated 6.24.15.

Building #2 Materials

Approximately 68 elbows/fittings 1st & 2nd floor.

Approximately 60 LF of grey window caulk 2A Office Area.

Approximately 3,600 SF of floor tile and mastic 2A Office Area.

Approximately 50 SF of fire door insulation.

Approximately 1,140 SF of floor tile and mastic in 2B Office Area.

Approximately 45 SF of Transite in 2B Office Area.

Approximately 2 fittings associated with roof drains in the East and West Stairwell.

Building #3 Materials

Approximately 55 fittings in the office area and garage bays.

Approximately 300 SF of floor tile and mastic in office area.

Approximately 400 SF of residual mastic under carpet in Southwest office area.

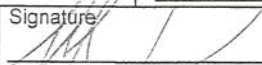
Approximately 240 SF of ceiling plaster in restrooms.

Approximately 260 LF of floor expansion caulk in the garage bay areas.

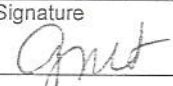
CK #24899

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

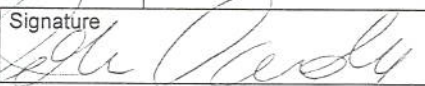
2015 AUG 14 AM 8:00

Date of Notification (1) <u>8/11/15</u>		Name of Building Owner/Operator (2) <u>Cremer</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>100 Homestead Ave.</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u> Name of Contact <u>Marion Cremer</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>100 Homestead Ave.</u>		Square Feet <u>1800</u>							
City (5) <u>Haddonfield, NJ</u>		# of Floors <u>2</u>							
County (6) <u>Camden</u>		Bldg. Age <u>80+/-</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>							
Start Date (10) <u>8/31/15</u>		Scheduled Completion Date (11) <u>9/4/15</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 3:30 pm</u>		Name of OSHA Monitor <u>MECS</u>							
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Crosswicks, NJ</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<u>Basement</u>			<u>X</u>	<u>Boiler Insulation</u>	<u>20 sf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>2 CU</u>		Name of Registered Landfill <u>GROWS Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/4/15</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>8/11/15</u>			

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 / 10 / 15</div>		Name of Building Owner/Operator (2) Township of Union Public Schools / Job #1508-4939 Check #7424							
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 2369 Morris Ave. City, State, Zip Code Union, NJ 07083 Name of Contact Tom Wiggins Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Franklin School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1500 Lindy Terrace		Square Feet # of Floors Bldg. Age							
City (5) Union		County (6) Union							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCN No. Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. License No. 609-265-2107 00529						
Start Date (10) <div style="text-align: center;">8 / 19 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 20 / 15</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 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"/> 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) <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
Principal's Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	240 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 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/20/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 8/10/15		

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;">08 / 12 / 15</div>		Name of Building Owner/Operator (2) Bank of America							
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 240 Kearny Avenue							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Nelson Munoz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 240 Kearny Avenue									
City (5) Kearny, NJ		Square Feet 12,000	# of Floors 2						
County (6) Hudson		County Code (7)(STATE USE ONLY)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 413 N. Blackhorse Pike		Street Address 47 Foster Road							
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Horward Zenobie		Telephone No. 855-209-1831	Telephone No. 718-605-6256						
License No. 00774									
Start Date (10) <div style="text-align: center;">08 / 21 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 25 / 15</div>	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: <u> </u> AM- <u>6:00</u> PM/ <u> </u> PM- <u>2:00</u> AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement, Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	17SF	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 08/25/2015	City, State Bethlehem, PA						
Completed By (Print or Type) John Tardy	Title Sr. Project Manager	Signature 	Date 8/12/15						

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

Chal # 10072

Date of Notification (1) <div style="text-align: center;">8 / 12 / 15</div>		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact John Bond							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SOUTH 10th STREET RESIDENCES		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 1882, 1884 South 10th St Residences									
City (5) Camden		Square Feet varies	# of Floors varies						
		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
		License No. 00847							
Start Date (10) 8 / 24 / 15	Scheduled Completion Date (11) 9 / 30 / 15	Name of OSHA Monitor CES							
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: <u>7:00AM-5:00PM</u> / ____ PM - ____ AM		Street Address 1121 N Bethlehem Pike -Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 9/30/15		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature <i>Patricia Visco</i>			Date 8/12/15			

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

Chad REA # 10071
2015 AUG 14 AM 8:18
ASBESTOS LICENSING

Date of Notification (1) <div style="text-align: center;">8 / 12 / 15</div>		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MULFORD STREET RESIDENCES		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 1805, 2105, 2107, 2109 Mulford St Residences									
City (5) Camden		Square Feet varies	# of Floors varies						
County (6) CAMDEN		County Code (7)(STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
Start Date (10) <div style="text-align: center;">8 / 24 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 15</div>	License No. 00847						
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: 7:00AM-5:00PM /____PM-____AM		Name of OSHA Monitor CES							
Street Address 1121 N Bethlehem Pike -Suite 60		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 9/30/15	City, State Tullytown PA						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>				Date 8/12/15		

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

Check # 10070

Date of Notification (1) 8 / 12 / 15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond	Telephone Number 371 0004						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FERRY AVE RESIDENCES		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 968, 974, 978, 1042, 1048 Ferry Ave Residences									
City (5) Camden		Square Feet varies	# of Floors varies						
		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
		License No. 00847							
Start Date (10) 8 / 24 / 15	Scheduled Completion Date (11) 9 / 30 / 15	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N Bethlehem Pike -Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 9/30/15		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 8/12/15			