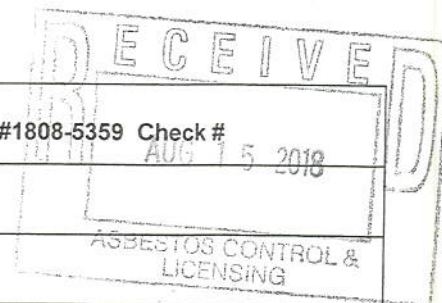


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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 8 / 13 / 18		Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 510 Nugentown Road							
		City, State, Zip Code Little Egg Harbor, NJ							
		Name of Contact Kevin MacDonald	Telephone Number 856-662-9500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pinelands Junior High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 590 Nugentown Road		Square Feet	# of Floors						
City (5) Little Egg Harbor, NJ		Bldg. Age							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00529						
Start Date (10) 8 / 22 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various Bathroom/Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom fixture caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 8/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/13/18			

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

Date of Notification (1) 8 / 13 / 18		Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 - Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Nugentown Road City, State, Zip Code Little Egg Harbor, NJ Name of Contact Kevin MacDonald Telephone Number 856-662-9500							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pinelands Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 565 Nugentown Road		Square Feet	# of Floors Bldg. Age						
City (5) Little Egg Harbor, NJ									
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 22 / 18	Scheduled Completion Date (11) 9 / 28 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing/tar	8,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	End caps	15 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/13/18			

rock Amendment #1 - Change of Waste transporter 8/14/18

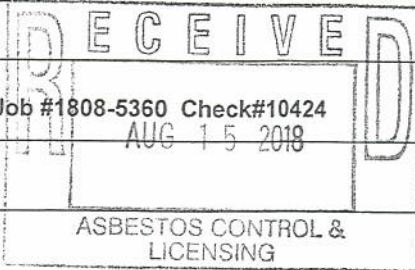
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 31 / 18		Name of Building Owner/Operator (2) PPP SS 60 Goffle Rd, LLC.							
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 3384 Peachtree Rd NE, 4 th Fl							
		City, State, Zip Code Atlanta, GA 30326							
		Name of Contact Paul Tagliaferri	Telephone Number 631-254-3680						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shopping Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 66 Goffle Rd		Square Feet 10000	# of Floors 1						
City (5) Hawthorne		Bldg. Age 55							
County (6) Passaic	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Shopping Center						
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental		ASCM No.	Name of Abatement Contractor (9) Microtech Contracting Corp.						
Street Address 1972 E 36 th St		Street Address 38 Kean St							
City, State, Zip Code Brooklyn, NY 11234		City, State, Zip Code West Babylon, NY 11704							
Project Manager for Monitoring Firm Frank Trimargo		Telephone No. 732-617-9279	License No. 01021						
Start Date (10) 08 / 14 / 18	Scheduled Completion Date (11) 08 / 31 / 18		Name of OSHA Monitor Same as Above						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Copings	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Chimney	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar under Copings	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Walls	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Tri-State Transfer Asbestos Transport Co., Inc		NJDEP Waste Hauler ID No. 19531 SWA105	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY 10474		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Vincent Arbucci		Title President		Signature 		Date 7/31/18			

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

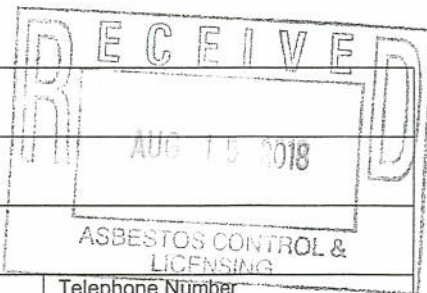


Date of Notification (1) 8 / 13 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1808-5360 Check#10424							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John Greco	Telephone Number 201-602-1499						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L- East Hanover		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 159 Ridgedale Avenue									
City (5) East Hanover, NJ		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	License No. 00529						
Start Date (10) 8 / 16 / 18	Scheduled Completion Date (11) 8 / 20 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/20/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 8/13/18			

CK# 1120

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



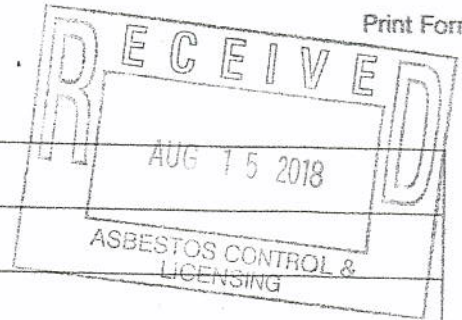
Date of Notification (1) 08/13/2018		Name of Building Owner/Operator (2) Chris Morreale							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Chris	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Chatham		Bldg. Age							
County (6) Morris	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) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-400-8711	01332						
Start Date (10) 08/22/2018	Scheduled Completion Date (11) 08/25/2018	Name of OSHA Monitor Same as (9)							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 3:30 pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> WRAP AND CURE <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Ductwork insulation	150 SF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by Lasko Veskov		Title President	Signature 			Date 08/13/2018			

OK 4443

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

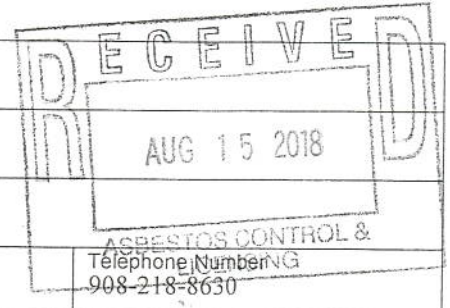
Print Form



Date of Notification (1) 08/13/2018		Name of Building Owner/Operator (2) West Commercial SG LLC.							
Agencies Notified	Type Notification	Street Address 131 W. Commercial Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moonachie, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Richard Volpi	Telephone Number 201-280-9420						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building Boiler Room		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 131 W. Commercial Ave.		Square Feet 30,000	# of Floors 1						
City (5) Moonachie		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Peak Environmental LLC		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc						
Street Address 26 Kennedy Blvd. Suite A		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jacqueline Ulrich		Telephone No. 732-710-4317	Telephone No. 973-256-7010						
Start Date (10) 08/27/2018		Scheduled Completion Date (11) 09/03/2018	License No. 0666						
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>Limited Occupancy</u>		Name of OSHA Monitor Bako Construction & Restoration, Inc							
		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Old Boiler Room		X		Boiler Insulation	200 SF	X			
Old Boiler Room		X		Elbow insulation	2 LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 09/04/2018		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 08/13/2018			

OK 1000052119
Amended. PAID

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



Date of Notification (1) 8/14/18		Name of Building Owner/Operator (2) Ortho Clinical Diagnostics							
Agencies Notified	Type Notification	Street Address 1001 US-202							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Rodica Niculescu							
<div style="text-align: right;">Telephone Number 908-218-8630</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Clinical Diagnostics		Type of Facility (4)							
Street Address 1001 US-202		<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) Raritan, NJ 08869		Square Feet 87000	# of Floors 3						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 75 yrs						
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC						
Street Address NA		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code NA		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm NA		Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 8/15/18	Scheduled Completion Date (11) 8/24/18	Name of OSHA Monitor Environmental Tactics, Inc							
Occupancy Status During Abatement (Check Only One)		Show Desktop.scf Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Outdoor rooftop</u>		64 Broad St							
		City, State, Zip Code Matawan, NJ 07747							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Pipe on top of roof of Bldg A	X			Thermal insulation on Steam and	15 LF	X			
Pipe on top of roof of Bldg A	X			Thermal insulation on Steam and	50 sf			X	
Pipe on top of roof of Bldg A	X			Insulation on Chilled Water Pipe	100 LF	X			
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold NJ		Disposal Date 8/24/18		City, State Morrisville, PA					
Completed by Michael Migliore		Title Sr Account Manager		Signature <i>Michael Migliore</i>		Date 8/14/18			

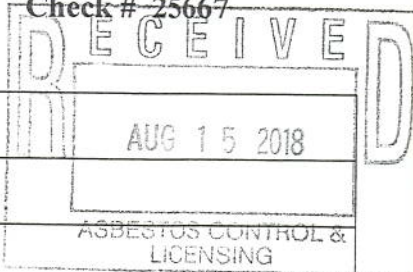
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Print Form

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

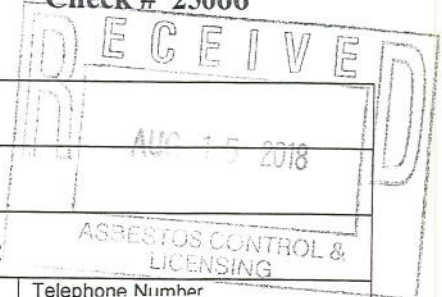
Check # 25667



Date of Notification (1) 8/13/2018		Name of Building Owner/Operator (2) McWilliams							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington, NJ 08822							
		Name of Contact Nancy McWilliams	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Flemington, NJ 08822		Square Feet 3500	# of Floors 3						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Bldg. Age 200+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 8/27/2018	Scheduled Completion Date (11) 9/7/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60 lf	X			
Attic		X		Pipe Insulation	15 lf	X			
Attic		X		Vermiculite	110 sf	X			
Bathroom		X		Sheet Flooring	60 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 4 cu	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ 08501				Disposal Date 9/7/18	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 	Date 8/13/18				

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

Check # 25666

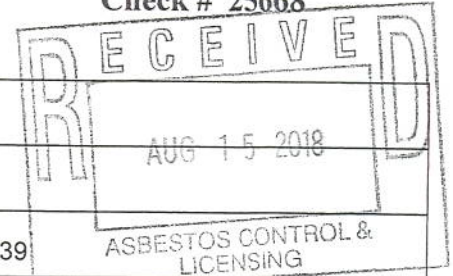


Date of Notification (1) 8/10/2018		Name of Building Owner/Operator (2) Shine							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Spring Lake, NJ 07762							
		Name of Contact John Shine	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Spring Lake, NJ 07762		Square Feet 1800	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80+/-						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address 64 Broad Street		Street Address PO Box 322							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. (732) 290-2217	Telephone No. 609 259-9688						
Start Date (10) 8/27/2018		Scheduled Completion Date (11) 9/7/2018	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	30 sf	X			
Basement		X		Duct Insulation	60 lf	X			
				(Wrap & Cut)					
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501		Disposal Date 9/7/18		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 8/10/18			

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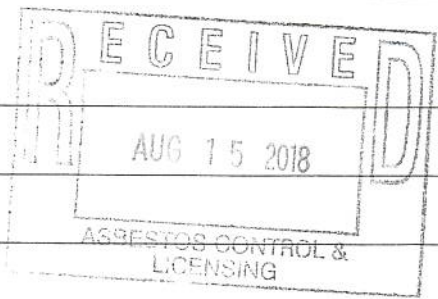
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25668



Date of Notification (1) 8/13/2018		Name of Building Owner/Operator (2) Oolie							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Caroline Oolie							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston, NJ 07039		Square Feet 3000	# of Floors 3						
County (6) Essex		Bldg. Age 60+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 8/23/2018	Scheduled Completion Date (11) 9/7/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	50 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501		Disposal Date 9/7/18		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 8/13/18			

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



Date of Notification (1) 7/27/2018		Name of Building Owner/Operator (2) RC Cape May Holdings							
Agencies Notified	Type Notification	Street Address 900 North Shore Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beesley's Point, NJ 08223							
		Name of Contact Dave Hagel	Telephone Number 6093905134						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BL England Generating Station		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 900 North Shore Road		Square Feet 40000	# of Floors 10						
City (5) Beesley's Point		Bldg. Age 60							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address		Street Address 2400 Main St. Extension Suite 10							
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 08/13/2018	Scheduled Completion Date (11) 08/22/2018	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Hours - Close Off		Street Address 234 20th Ave							
		City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Unit 3 Ductwork Floors 3 and 4	X			Mastic	550sf	x			x
		X							
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 08/22/2018		City, State Morrisville, PA					
Completed by Kurt Nale		Title Branch Manager		Signature <i>Kurt Nale</i>		Date 08/14/2018			

OK 1194

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/25/2018		PAID		Name of Building Owner/Operator (2) Filomena Marini & Will DePeri		DOL - 10 DAY RECEIVED AUG 15 2018 WAVEN [Redacted] CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address [Redacted]		City, State, Zip Code Haskell, NJ 07420					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Will DePeri		[Redacted]					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Private				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [Redacted]				Square Feet							
City (5) Haskell				# of Floors		Bldg. Age					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Place if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) G S C Services Corp						
Street Address				Street Address 1405 Route 23 South, #111							
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-750-0752		License No. 01253				
Start Date (10) 7/26/2018		Scheduled Completion Date (11) 7/27/2018		Name of OSHA Monitor EnviroVision Consultants							
Occupancy Status During Abatement (Check Only One)				Street Address 20-21 Wagaraw Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 2160 sf or 2160 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-Feasible Procedure							
Location of Asbestos Containing Material (ACM) IDENTIFIED In Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		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	encap	enclosure
Basement				X	VAT		500sf		X		
Name of Registered Waste Hauler G S C Services Corp			NJDEP Waste Hauler ID No. 0036300		Cubic Yards of Waste		Name of Registered Landfill T R R F				
City, State Wayne, NJ			Discard Date		City, State Tullytown, PA						
Completed by Daniela Antic			Title Owner		Signature [Signature]		Date 7/25/2018				

OK 1195

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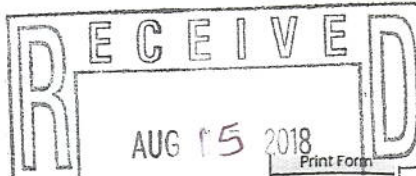
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

DOL - 10 DAY

Date of Notification (1) 7/18/2018		Name of Building Owner/Operator (2) Julie Kaplan						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450						
		Name of Contact Julie Kaplan						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ridgewood		Square Feet	# of Floors					
County (6) Bergen		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) G S C Services Corp						
City, State, Zip Code		Street Address 1465 Route 23 South, #111						
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470						
Telephone No.		Telephone No. 973-750-0752	License No. 01253					
Start Date (10) 7/19/2018		Scheduled Completion Date (11) 7/20/2018						
Name of OSHA Monitor EnviroVision Consultants		Street Address 20-21 Wagaraw Road						
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Fair Lawn, NJ 07410						
<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:								
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
First Floor Bedroom Closet			X	VAT	200SF	X		
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF				
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA				
Completed by Daniela Antic		Title Owner	Signature		Date 7/18/2018			

CK 1193

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

ASBESTOS CONTROL &
LICENSING

DOL - 10 DAY

JUL 20 2018

WAIVER APPROVED

Date of Notification (1) 7/20/2018		Name of Building Owner/Operator (2) Irene Raitman Khutorskoy							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code East Brunswick, NJ							
Name of Contact Irene Raitman Khutorskoy		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) East Brunswick		Current Use (Prior if being demolished)							
County (6)		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) G S C Services Corp							
City, State, Zip Code		Street Address 1465 Route 23 South # 111							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-750-0752							
Start Date (10) 7/21/2018		License No. 01253							
Scheduled Completion Date (11) 7/22/2018		Name of OSHA Monitor EnviroVision Consultants							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Office			X	VAT	150sf	X			
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste		Name of Registered Landfill TRRF			
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner		Signature 		Date 7/20/2018			

ASB-41 (R-06-08)

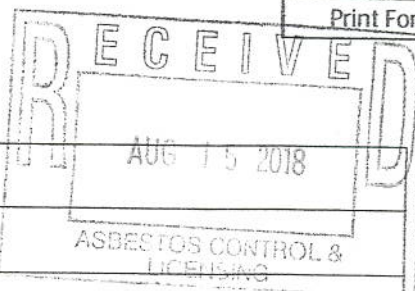
* Do not use this form for asbestos licensure exempted activities.

E-MAILED
7/20/18
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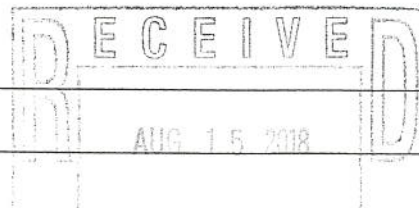
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/13/18		Name of Building Owner/Operator (2) RPM							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code Montclair, New Jersey							
		Name of Contact Gary	Telephone Number [Redacted]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RPM Property		Type of Facility (4)							
Street Address [Redacted]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Olanport (Ft. Monmouth)		Square Feet 5000	# of Floors 2						
County (6) Monmouth		Bldg. Age 100+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ac Insulation Co Inc							
City, State, Zip Code		95 Montrose Rd							
Project Manager for Monitoring Firm		Telephone No. 732-254-757	License No. 00029						
Start Date (10) 8/22/18		Scheduled Completion Date (11) 9/5/18							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
various areas			X	pipe insulation	700 CF	X			
Name of Registered Waste Hauler Ac Insulation Co Inc		NJDEP Waste Hauler ID No. 12084	Cubic Yards of Waste 7	Name of Registered Landfill Fairless					
City, State Columbia, NJ 07822		Disposal Date		City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary/Treasurer	Signature [Signature]		Date 8/13/18				

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



Date of Notification (1) 8/13/18		Name of Building Owner/Operator (2) RPM						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, New Jersey						
		Name of Contact Garry	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RPM Property		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Oceanport (Ft. Monmouth)	Square Feet 5000	# of Floors 2	Bldg. Age 60+					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 8/22/18		Scheduled Completion Date (11) 9/5/18						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		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"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Various areas			X	pipe insulation	100 LF	X		
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 17086	Cubic Yards of Waste 3	Name of Registered Landfill Fairless				
City, State Columbia, NJ		Disposal Date 9/5/18		City, State Tullytown, PA				
Completed by DreemcGone		Title Secretary/Treasurer	Signature [Signature]	Date 8/13/18				

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

Check # 10465

RECEIVED
AUG 15 2018

Date of Notification (1) 8-13-18		Name of Building Owner/Operator (2) YaKenya Moise						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Ewing NJ 08618						
		Name of Contact YaKenya Moise	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Office / Store Front		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 1542-A Pennington Road		Square Feet	# of Floors 1					
City (5) Ewing NJ 08618	County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+-					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 8-23-18	Scheduled Completion Date (11) 8-28-18	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
Interior Floor Area		X	Floor Tiles	2000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 8-28-18		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-13-18		

Emergency

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

Check

DATE - 10 DAY
10/6/18

Date of Notification (1) AUGUST 8 2018		Name of Building Owner/Operator (2) RJA CONSTRUCTION SERVICES							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	88 10TH STREET GLoucester CITY, NJ 08030	GLoucester CITY, NJ 08030						
		Name of Contact JAMIE MCGEE	Telephone Number 856-456-1052						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OLD VACANT WAREHOUSE TYPE OF BUILDING		Type of Facility (4)	ASBESTOS CONTROL & LICENSING						
Street Address 412 WHITEHORSE PIKE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ATCO, NJ 08004		Square Feet	# of Floors 1						
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) WAREHOUSE TYPE OF BUILDING							
Street Address		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
City, State, Zip Code		Street Address P.O. BOX 337							
Project Manager for Monitoring Firm		City, State, Zip Code NEW EGYPT, NJ 08533							
Telephone No.		Telephone No. 809-758-3345	License No. 00394						
Start Date (10) AUGUST 15, 2018	Scheduled Completion Date (11) AUGUST 18, 2018	Name of OSHA Monitor EPC TECH							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. BOX 317							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Permeated (*) 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 AREA			X	ROOFING MATERIAL DEIRIS	3000 SF	X			
Name of Registered Waste Hauler WILLIE TRUCKING		NJDEP Waste Hauler ID No. 24992	Cubic Yards of Waste 100	Name of Registered Landfill CONESTOGA LANDFILL					
City, State PAULSBORO, NJ		Disposal Date 8/17/18		City, State MORGANTOWN, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>	Date 8/10/18					

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

AUG 15 2018

CHECK # 1127

Date of Notification (1) 8/09/18		Name of Building Owner/Operator (2) BOB JOHNSON		DOL - 10 DAY ASBESTOS COMPLIANCE LICENSING AUG 15 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code MIDDLETOWN, N.J. 07940 Name of Contact MONIQUE CURCHY	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) MIDDLETOWN		Square Feet 320	
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)		# of Floors 2	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Slog Age +50	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.		Current Use (prior if being demolished) RESIDENTIAL	
City, State, Zip Code		Street Address 185 Midland Ave		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-282-5841	
Start Date (10) 8/09/18		Scheduled Completion Date (11) 8/24/18		License No. 00156	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Auditor Omega Environmental Services Inc.		Street Address 280 Huyler Street	
		City, State, Zip Code Heckensack, NJ 07806			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 250 sf or 250 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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (") and Non-Exempted Procedure	
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) BASEMENT		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, VAI, or other miscellaneous) VAI	
				Amount (Specify SF or LF) 877sf	
				Abatement Type Removal Repair Encapsulate Enclose /	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 4	
City/State Newark, NJ 07105		Disposal Date 8/09/18 ON		Name of Registered Landfill Glenn Central Sanitary Landfill	
Completed by Joseph Vodaturo		Title Vice President		Signature J. Vodaturo	
				Date 8/09/18	

ASB-41 (R-05-08)

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

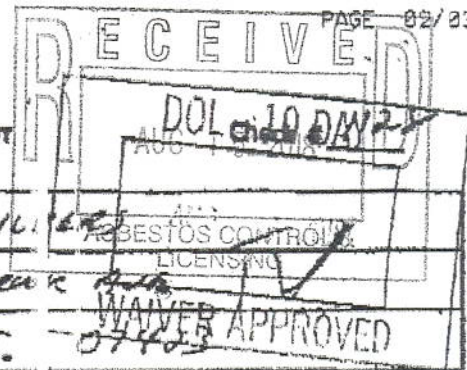
8/09/2018 12:22 2012520321

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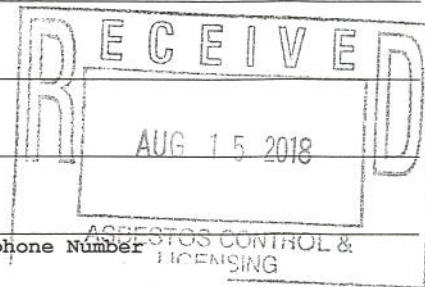
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)



Date of Notification (1) 8/9/18		Name of Building Owner/Operator (2) LETTIERI BUILDERS							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	11 SARAH BAKER AVE	Hu H Ku N.J.						
		Name of Contact JOHN LETTIERI							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> School Chapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hu H Ku	Square Feet 1600	# of Floors 2	Build. Age 64						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RES / PERIO							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 8/9/18	Scheduled Completion Date (11) 8/16/18	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)		N.J. 07606							
<input checked="" type="checkbox"/> AS of or AS of <input type="checkbox"/> Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Glove Bag Procedure <input type="checkbox"/> Non-Permitted P and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement			X	VAT	20 SF	X			
11			X	PIPE	150 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJ DEP Waste Hauler ID No. 04509		Cubic Yards of Waste 4		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 8/9/18		City, State Penn Argy, PA 08072					
Completed by R. McDonald		Title President		Signature [Signature]		Date 8/9/18			

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

Date of Notification (1) 8/9/2018		Name of Building Owner/Operator (2) Ed and Kathy Olsen	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ed and Kathy Olsen	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ed and Kathy Olsen			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair	County (6) Essex Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
				License Number 00371	

Scheduled Start Date (10) 8 24 18 Month Day Year			Sched. Completion Date (11) 8 26 18 Month Day Year			Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one)								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement								
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»								
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»								

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe insulation	100 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.0		Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 8/27/18		City, State Bronx, NY, 10474			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 8/9/2018	

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

R E C E I V E D	
AUG 15 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 8/11/18		Name of Building Owner/Operator (2) Suncres + Builders, LLC							
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 21 Killm		City, State, Zip Code Morgantown, NJ 07751							
Name of Contact Frank		Telephone Number 732 2450054							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Suncres + Builders, LLC Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 161 River Rd		Square Feet 2000							
City (5) Morgantown		# of Floors 1							
County (6) Middlesex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co Inc							
City, State, Zip Code		Street Address 45 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Columbia, NJ 07722							
Telephone No.		Telephone No. 732 2450054							
Start Date (10) 8/20/18		License No. 00029							
Scheduled Completion Date (11) 8/27/18		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-7PM		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
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	transite pipe	4 LF	X			
porch			X	floor tile	125 LF	X			
Name of Registered Waste Hauler Ace Insulation, Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	Name of Registered Landfill Chris				
City, State Columbia, NJ 07722		Disposal Date 8/27/18		City, State Eaton, PA					
Completed by Brea McGure		Title Secretary Treasurer		Signature Brea McGure		Date 8/11/18			