

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

PAID

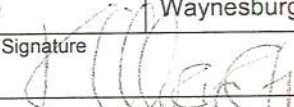
CHECK # 5967

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>08-22-17   |   | Name of Building Owner/Operator (2)<br>Medco Health Solutions, Inc. (dba Express Scripts) |  |
| Agencies Notified  | Type Notification   | Street Address<br>100 Parsons Pond Dr.  |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Franklin Lakes, NJ 07417   |  |
|  |   | Name of Contact<br>Ken Potocki  |  |

**RECEIVED**  
AUG 28 2017  
NJHOL & NG


| FACILITY INFORMATION   |  |   |                       |
|--|--|---|-----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>100 Parsons Pond Road  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                       |
| City (5)<br>Franklin Lakes   | Square Feet<br>87,000                      | # of Floors<br>3  | Bldg. Age<br>48 years |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Commercial   |                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br>BEM Systems, Inc.   |  | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp.  |                       |
| Street Address<br>100 Passaic Ave  |  | Street Address<br>200 Broad Street  |                       |
| City, State, Zip Code<br>Chatham, NJ 07928   |  | City, State, Zip Code<br>Carlstadt, NJ 07072  |                       |
| Project Manager for Monitoring Firm<br>Venkat Balasubramanian  |  | Telephone No.<br>(908) 598-2600   | License No.<br>00756  |
| Start Date (10)<br>09-04-17  | Scheduled Completion Date (11)<br>03-01-18 | Name of OSHA Monitor<br>EMSL Analytical, Inc.   |                       |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>307 West 38th Street  |                       |
|  |  | City, State, Zip Code<br>New York, NY 10018   |                       |
| Scope of Work (Check All That Apply)   |  |   |                       |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |                       |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                       |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |  |   |                       |

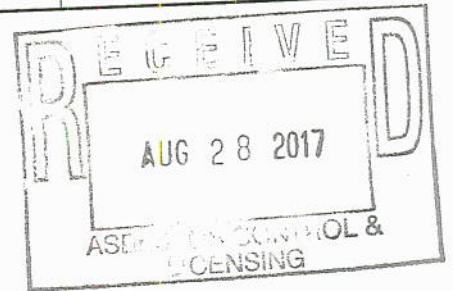
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| B1: Entire Beams & Columns  |   |    | x   | Fireproofing   | 22,400SF                  | x              |        |             |           |
| B1: Columns   |   |    | x   | Joint Compound   | 800SF                     | x              |        |             |           |
| B2: Entire Beams & Columns  |   |    | x   | Fireproofing   | 22,400SF                  | x              |        |             |           |
| B2: Columns   |   |    | x   | Joint Compound   | 800SF                     | x              |        |             |           |

|  |                                    |   |  |
|--|------------------------------------|---|--|
| Name of Registered Waste Hauler<br>ATC, Inc. / JBT (50071) | NJDEP Waste Hauler ID No.<br>24310 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Minerva Enterprises |
| City, State<br>Shirley, NY / Bronx, NY                     |                                    | Disposal Date<br>TBD  | City, State<br>Waynesburg, OH 44688                |
| Completed by<br>Kevin Moriarty                             | Title<br>Project Manager           | Signature<br> | Date<br>08-22-17                                   |

Title Of Project: 100 Parson Pond Rd., Franklin Lakes, NJ  
Additional Materials / Floors  
Pg. 2

| Location of<br>Asbestos-Containing<br>Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location<br>Normally Used<br>Solely by<br>Maintenance or<br>Custodial Staff?<br>(12) | Description of<br>Asbestos-Containing<br>Material (ACM)<br>(i.e., thermal systems<br>insulation, surfacing, VAT<br>or other miscellaneous) | Amount<br>(Specify<br>Square Feet or<br>Linear Feet) | Abatement Type<br>(Specify: Removal,<br>Repair,<br>Encapsulation or<br>Enclosure) |
|--|---|--|--|---|
|  | N/A   | Pipe Fittings  | 50LF   | Removal   |
| B2: Bathroom   | N/A   | Fireproofing   | 2,000SF  | Removal   |
| B2: Breezeway  | N/A   | Fireproofing   | 20,000SF   | Removal   |
| B3: Beams & Columns  | N/A   | Fireproofing   | 2,400SF  | Removal   |
| B3: Columns  | N/A   | Joint Compound   | 800SF  | Removal   |
| B3: Columns  | N/A   | Elbow Insulation   | 40LF   | Removal   |
| B3: Drain Pipe   |   |  |  |   |
|  |   |  |  |   |
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**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 1282

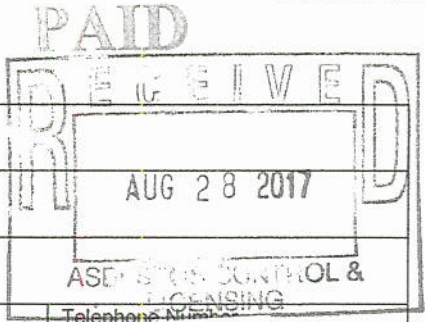
GAC Project # 060-17

**PAID**

|  |   |  |   |
|--|---|--|---|
| Date of Notification (1)<br><b>August 21, 2017</b>   |   | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>  |   |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH   |   | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   |
| Street Address<br><b>DOUGLASS CAMPUS</b>   |   | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>   |   |
| City (5)<br><b>NEW BRUNSWICK</b>   |   | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>   |   |
| County (6)<br><b>MIDDLESEX</b>   |   | Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>  |   |
| County Code (7)<br>(State Use Only)  |   | Telephone Number   |   |
| <b>FACILITY INFORMATION</b>  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>LOREE GYM, BLDG# 8321</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)              |   |
| Sq. Feet: <b>N/A</b>   |   | # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>  |   |
| Current Use (prior if being demolished): <b>ACADEMIC</b>   |   |  |   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC</b>   |   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |   |
| ASCM No.<br><b>0098</b>  |   | Street Address<br><b>268 MAIN STREET</b>   |   |
| Street Address<br><b>3 TERRI LANE</b>  |   | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>   |   |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>   |   | Telephone Number<br><b>973-492-0477</b>  |   |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>   |   | License Number<br><b>00840</b>   |   |
| Telephone Number<br><b>609-386-8800</b>  |   | Name of OSHA Monitor<br><b>1</b>   |   |
| Scheduled Start Date (10)<br><b>09/01/17</b>   |   | Scheduled Completion Date (11)<br><b>09/05/17</b>  |   |
| Name of OSHA Monitor<br><b>1</b>   |   | Company Name<br><b>ENVIROVISION, INC.</b>  |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe:<br><b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>  |   | Street Address<br><b>20-21 WARGARAW ROAD</b>   |   |
|  |   | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>   |   |
| Scope of Work (Check all that apply)   |   |  |   |
| <input type="checkbox"/> > 3 sf or > 3 lf<br><input checked="" type="checkbox"/> > 160 sf or > 260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove bag Procedure / Wrap & Cut<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)   | Amount (Specify SF or LF)   |
| 049 CORRIDOR   | <input checked="" type="checkbox"/>   | VAT  | 475 SF  |
|  |   |  |   |
|  |   |  |   |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>  | NJDEP Waste Hauler ID #<br><b>See Below</b>                                   | Cubic Yards of Waste: <b>10 CY</b>   | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>   |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561   |   | Disposal Date<br><b>09/05/2017</b>   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509   |   |  | <b>215-736-1700</b>   |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>   | Title<br><b>SENIOR PROJECT MANAGER</b>  | Signature<br><i>Raymond C. Pedalino</i>  | Date<br><b>August 21, 2017</b>                                    |



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



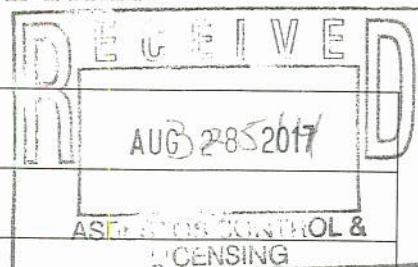
|  |   |   |  |   |                           |                  |        |             |           |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>08-19-17   |   | Name of Building Owner/Operator (2)<br>Vincent Passafiume   |  |   |                           |                  |        |             |           |
| Agencies Notified  | Type Notification   | Street Address  |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="background-color: black; height: 20px; width: 100%;"></div>   |  |   |                           |                  |        |             |           |
|  |   | City, State, Zip Code<br>Rahway, NJ 07065   |  |   |                           |                  |        |             |           |
|  |   | Name of Contact<br>Vincent Passafiume   |  |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Home   |   | Type of Facility (4)  |  |   |                           |                  |        |             |           |
| Street Address   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                 |  |   |                           |                  |        |             |           |
| City (5)<br>Rahway   |   | Square Feet   | # of Floors  |   |                           |                  |        |             |           |
| County (6)<br>Union  |   | Bldg. Age   |  |   |                           |                  |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)   |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Delfa Contracting LLC. |   |                           |                  |        |             |           |
| Street Address   |   | Street Address<br>522 7th St.   |  |   |                           |                  |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Union City NJ 07087  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>201 216-9603                              |   |                           |                  |        |             |           |
|  |   |   | License No.<br>01206                                       |   |                           |                  |        |             |           |
| Start Date (10)<br>08-30-17  | Scheduled Completion Date (11)<br>08-31-17  | Name of OSHA Monitor<br>Delfa Contracting LLC   |  |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>522 7th St.   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: 7:00am - 5:00pm |   | City, State, Zip Code<br>Union City NJ 07087  |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                           |                  |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes   | No  | N/A  |   |                           | Removal          | Repair | Encapsulate | Enclosure |
| Basement   |   | x   |  | Pipe Insulation   | 120 LF                    |                  |        |             |           |
|  |   |   |  |   |                           |                  |        |             |           |
|  |   |   |  |   |                           |                  |        |             |           |
|  |   |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Delfa Contracting LLC   |   | NJDEP Waste Hauler ID No.<br>35240  | Cubic Yards of Waste<br>1                                  | Name of Registered Landfill<br>Tullytown Resource Recovery Facility   |                           |                  |        |             |           |
| City, State<br>Union City, NJ  |   |   | Disposal Date<br>09-02-17                                  | City, State<br>Tullytown, PA  |                           |                  |        |             |           |
| Completed by<br>Jaime Delgado  |   | Title<br>Proj. Manager.   | Signature<br>  |   |                           | Date<br>08-19-17 |        |             |           |



OK# 32514

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

PAID

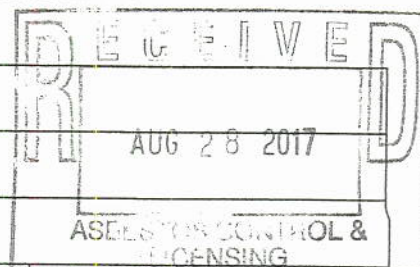


| Date of Notification (1)<br>08 / 23 / 17  |  | Name of Building Owner/Operator (2)<br>MJM Contracting Services   |                           |  |                           |                          |                          |                          |                          |
|---|--|---|---------------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>36 Condit Street<br>City, State, Zip Code<br>Succasunna, NJ 07876<br>Name of Contact<br>Mike<br>Telephone Number  |                           |  |                           |                          |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |                           |  |                           |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |                           |  |                           |                          |                          |                          |                          |
| Street Address<br>[REDACTED]  |  | Square Feet<br>2000   |                           |  |                           |                          |                          |                          |                          |
| City (5)<br>Livingston  |  | # of Floors<br>2  | Bldg. Age<br>65           |  |                           |                          |                          |                          |                          |
| County (6)<br>Essex   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residence  |                           |  |                           |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Guardian Contracting, Inc.   |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.  |                           |  |                           |                          |                          |                          |                          |
| Street Address<br>1889 Rte. 9, Unit 61  |  | Street Address<br>1889 Route 9, Unit 61   |                           |  |                           |                          |                          |                          |                          |
| City, State, Zip Code<br>Toms River, New Jersey 08755   |  | City, State, Zip Code<br>Toms River, New Jersey 08755   |                           |  |                           |                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Nicholas Fernicola   | Telephone No.<br>732-349-9932  | Telephone No.<br>732-349-9932   | License No.<br>00624      |  |                           |                          |                          |                          |                          |
| Start Date (10)<br>09 / 05 / 17   | Scheduled Completion Date (11)<br>09 / 07 / 17   | Name of OSHA Monitor<br>E.M.S.L. Analytical   |                           |  |                           |                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |  | Street Address<br>1056 Stelton<br>City, State, Zip Code<br>Piscataway, New Jersey 08854   |                           |  |                           |                          |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |                           |  |                           |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| mechanical room   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | asbestos containing sheetrock  | 120 sf                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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<br>Guardian Contracting, Inc.   |  | NJDEP Waste Hauler ID No.<br>20223  | Cubic Yards of Waste<br>3 | Name of Registered Landfill<br>T.R.R.F.  |                           |                          |                          |                          |                          |
| City, State<br>Toms River, New Jersey   |  |   | Disposal Date<br>09/08/17 | City, State<br>Tullytown, Pennsylvania   |                           |                          |                          |                          |                          |
| Completed By (Print or Type)<br>Nicholas Fernicola  | Title<br>Project Manager   | Signature<br>[Signature]  |                           |  |                           | Date<br>8/23/17          |                          |                          |                          |



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

PAID



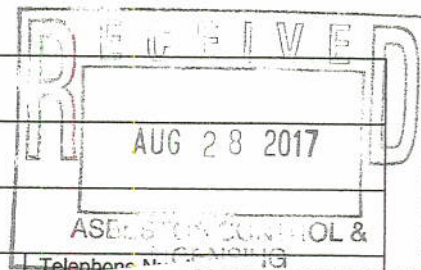
OK # 6308

| Date of Notification (1)<br>8/23/17   |   | Name of Building Owner/Operator (2)<br>Mohamed Gouda (Private Home)   |  |   |                           |                 |        |             |           |
|---|---|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>[REDACTED]  |  |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Farmingdale NJ 07727   |  |   |                           |                 |        |             |           |
|   |   | Name of Contact<br>Mohamed  |  |   |                           |                 |        |             |           |
|   |   | Telephone Number<br>[REDACTED]  |  |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mohamed Gouda (Private Home)  |   | Type of Facility (4)  |  |   |                           |                 |        |             |           |
| Street Address<br>[REDACTED]  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                 |        |             |           |
| City (5)<br>Farmingdale NJ 07727  |   | Square Feet<br>1000+  | # of Floors<br>2                                 |   |                           |                 |        |             |           |
|   |   | Bldg. Age<br>35+  |  |   |                           |                 |        |             |           |
| County (6)<br>Monmouth  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)   |  |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                 |        |             |           |
| Street Address  |   | Street Address<br>PO Box 329  |  |   |                           |                 |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>856-753-9800   | License No.<br>00727                             |   |                           |                 |        |             |           |
| Start Date (10)<br>9/7/17   | Scheduled Completion Date (11)<br>9/15/17   | Name of OSHA Monitor<br>Same  |  |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address  |  |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                      |   | City, State, Zip Code   |  |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition  |   |   |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |
| Front Living Room   |   |   | x  | sheet rock joint compound   | 1500 SF                   | x               |        |             |           |
| basement  |   |   | x  | pipe insulation   | 150 Lf                    | x               |        |             |           |
|   |   |   |  |   |                           |                 |        |             |           |
|   |   |   |  |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>United Roll Off  |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>6                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                 |        |             |           |
| City, State<br>Elm NJ   |   | Disposal Date<br>9/15/17  |  | City, State<br>Morrisville PA 19067   |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President  | Signature<br>                                    |   |                           | Date<br>8/23/17 |        |             |           |



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

PAID



| Date of Notification (1)<br>8/23/17  |  | Name of Building Owner/Operator (2)<br>Bill Heim (Private Home)  |  |  |                           |                 |        |             |           |
|--|--|--|--|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]   |  |  |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Manahawkin NJ 08050   |  |  |                           |                 |        |             |           |
|  |  | Name of Contact<br>Bill  |  |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bill Heim (Private Home)   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |  |                           |                 |        |             |           |
| Street Address<br>[REDACTED]   |  |  |  |  |                           |                 |        |             |           |
| City (5)<br>Manahawkin NJ 08050  |  | Square Feet<br>1000+   | # of Floors<br>2                                 |  |                           |                 |        |             |           |
| County (6)<br>Ocean  |  | Bldg. Age<br>35+   |  |  |                           |                 |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |  | Current Use (Prior if being demolished)  |  |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc. |  |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>PO Box 329   |  |  |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091  |  |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>856-753-9800                    |  |                           |                 |        |             |           |
|  |  |  | License No.<br>00727                             |  |                           |                 |        |             |           |
| Start Date (10)<br>9/1/17  | Scheduled Completion Date (11)<br>9/7/17   | Name of OSHA Monitor<br>Same   |  |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address   |  |  |                           |                 |        |             |           |
|  |  | City, State, Zip Code  |  |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |  |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |                           |                 |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM)<br>(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  | 2000 SF                   | x               |        |             |           |
|  |  |  |  |  |                           | x               |        |             |           |
|  |  |  |  |  |                           |                 |        |             |           |
|  |  |  |  |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>United Roll Off   |  | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>4                        | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                 |        |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>9/7/17  |  | City, State<br>Morrisville PA 19067  |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President   | Signature<br>                                    |  |                           | Date<br>8/23/17 |        |             |           |



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PAGE 03/84  
AUG 28 2017State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:26 and 6:16)

Check#2857

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>08 / 22 / 17  |   | Name of Building Owner/Operator (2)<br>Diane Tevlin  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWC<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 6:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>North Plainfield, NJ 07063<br>Name of Contact<br>Diane Tevlin |  |

## FACILITY INFORMATION

|   |   |  |
|---|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house<br>Street Address<br>[REDACTED]<br>City (5)<br>North Plainfield, NJ 07063<br>County (6)   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 6 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |
| County Code (7) (STATE USE ONLY)<br>Union   |   | Square Feet # of Floors Bldg. Age<br>Current Use (Prior if being demolished)   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code  | ASCM No.<br>Gr Tech LLC<br>Street Address<br>576 Valley Rd #283<br>City, State, Zip Code<br>Wayne, NJ 07470 | Name of Abatement Contractor (9)<br>Telephone No.<br>973-638-1777<br>License No.<br>01127  |
| Start Date (10)<br>08 / 23 / 17   | Scheduled Completion Date (11)<br>08 / 24 / 17  | Name of OSHA Monitor<br>Envirovision Consultants, Inc.<br>Street Address<br>20-21 Wagaraw Road, Bldg # 355<br>City, State, Zip Code<br>Fair Lawn, NJ 07410   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: AM- PM- PM- AM- |   |  |

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation  | 85 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<br>Gr Tech LLC<br>City, State<br>Wayne, NJ 07470 | NJ DEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD<br>Disposal Date<br>TBD | Name of Registered Landfill<br>T.R.R.F. Inc.<br>City, State<br>Tullytown, PA |
| Completed By (Print or Type)<br>N. Jevtic  | Title<br>Owner                        | Signature<br><i>N. Jevtic</i>                       | Date<br>08/22/17   |

ASB-41  
MAY 11

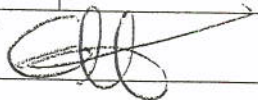
\* Do not use this form for asbestos removal exempted activities.



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

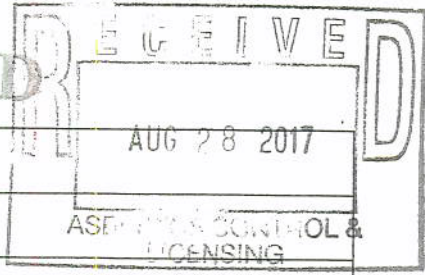
PAID

OK #4913

| Date of Notification (1)<br>08/23/2017  |   | Name of Building Owner/Operator (2)<br>Montclair State University                     |   | check# 4904 check#2 4913  |                           |                |        |             |           |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>1 Normal Ave  |   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> <b>AUG 28 2017</b> </div>   |                           |                |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Montclair, NJ 07043  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Name of Contact<br>Erick Fernandez  |   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>College Hall-Main Hall  |   |   | Type of Facility (4)  |   |                           |                |        |             |           |
| Street Address<br>1 Normal Ave  |   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                           |                |        |             |           |
| City (5)<br>Montclair   |   |   | Square Feet   | # of Floors   | Bldg. Age                 |                |        |             |           |
| County (6)<br>Essex   |   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>educational  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates, Inc   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Lilich Corporation  |   |                           |                |        |             |           |
| Street Address<br>300 Grand Ave   |   | Street Address<br>606 McBride Ave   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>Englewood, NJ 07631  |   | City, State, Zip Code<br>Woodland Park, New Jersey                                    |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Anthony Valentine  |   | Telephone No<br>201-569-6708  | Telephone No<br>973-225-8400  | License No.<br>01104  |                           |                |        |             |           |
| Start Date (10)<br>09-05-2017   | Scheduled Completion Date (11)<br>09-06-2017  |   | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |   | Street Address<br>2333 Route 22 West  |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>start 7 am</u> |   |   | City, State, Zip Code<br>Union, NJ 07083  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(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-manhole  |   |   | xx  | Pipe insulation   | 25 LF                     | x              |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation   |   | NJDEP Waste Hauler ID No.<br>18724  | Cubic Yards of Waste  | Name of Registered Landfill<br>G.R.O.W.S Landfill   |                           |                |        |             |           |
| City, State<br>Woodland Park, New Jersey  |   | Disposal Date   | City, State<br>Morrisville, PA  |   |                           |                |        |             |           |
| Completed by<br>Momo Glavatovic   |   | Title<br>Project manager  | Signature<br>   | Date<br>08/23/2017  |                           |                |        |             |           |



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



CK# 10589

|  |   |  |                       |
|--|---|--|-----------------------|
| Date of Notification (1)<br>8-22-17  |   | Name of Building Owner/Operator (2)<br>COLIN BROLLEY |                       |
| Agency Notified  | Type Notification   | Street Address                                       | City, State, Zip Code |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | [REDACTED]   | GIBBSTOWN NJ 08027    |
|  |   | Name of Contact<br>COLIN                             | Telephone Number      |

**FACILITY INFORMATION**

|  |  |   |                      |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL  |  | Type of Facility (4)  |                      |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |
| City (5)<br>GIBBSTOWN  |  | Square Feet<br>1600   | # of Floors<br>2     |
| County (6)<br>CAMDEN   |  | County Code (7) (STATE USE ONLY)  | Bldg. Age<br>N/A     |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATLAS ENV. INSPECTIONS  |  | Name of Abatement Contractor (9)<br>FRUMAR CONSTRUCTION   |                      |
| Street Address<br>PO BOX 11645   |  | Street Address<br>PO BOX 11587  |                      |
| City, State, Zip Code<br>PHILA PA 19116  |  | City, State, Zip Code<br>PHILA PA 19116   |                      |
| Project Manager for Monitoring Firm<br>JASON DUA   | Telephone No.<br>267-784-4693            | Telephone No.<br>267-784-4694   | License No.<br>01276 |
| Start Date (10)<br>9-5-17  | Scheduled Completion Date (11)<br>9-8-17 | Name of OSHA Monitor<br>EPRAM DUA   |                      |
| Occupancy Status During Abatement (Check only one)   |  | Street Address  |                      |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | 279 HENDRIX PL.   |                      |
|  |  | City, State, Zip Code<br>PHILA PA 19116   |                      |

Scope of Work (Check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf     | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input 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) 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 | Enclosure |
| ATTIC  |   | ✓  |     | VERMICULITE  | 160 SF                    | ✓              |        |           |
|  |   |    |     |  |                           |                |        |           |
|  |   |    |     |  |                           |                |        |           |

|   |                  |                           |                           |  |  |
|---|------------------|---------------------------|---------------------------|--|--|
| Name of Registered Waste Hauler<br>FRUMAR CONSTRUCTION CO 36259 |                  | NJDEP Waste Hauler ID No. | Cubic Yards of Waste<br>1 | Name of Registered Landfill<br>WESTERN BERKS |  |
| City, State<br>PHILA PA   |                  | Disposal Date<br>9-8-17   | City, State<br>NEWBURG PA |  |  |
| Completed by<br>EPRAM DUA                                       | Title<br>V. PRES | Signature<br>[Signature]  | Date<br>8-22-17           |  |  |



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

PAID

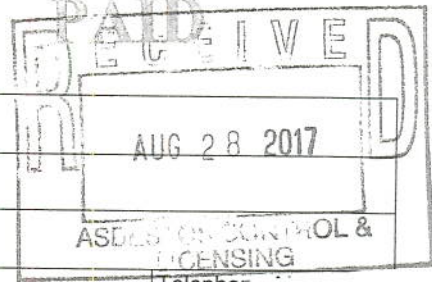
CIC 4230

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>8/23/17</b>   |   | Name of Building Owner/Operator (2)<br><b>MS. MAYA JOYANDEH</b>   |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]  |  |
|  |   | City, State, Zip Code<br><b>TEANECK . NJ . 07666</b>  |  |
|  |   | Name of Contact<br><b>MS. JOYANDEH</b>  |  |
| <b>FACILITY INFORMATION</b>  |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MS. MAYA JOYANDEH</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>[REDACTED]   |   | Square Feet<br><b>2500</b>  |  |
| City (5)<br><b>TEANECK</b>   |   | # of Floors<br><b>2</b>   |  |
| County (6)<br><b>BERGEN</b>  |   | Bldg. Age<br><b>1940</b>  |  |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  |  |
| Street Address   |   | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>   |  |
| City, State, Zip Code  |   | Street Address<br><b>450 South River Street</b>   |  |
| Project Manager for Monitoring Firm  |   | City, State, Zip Code<br><b>Hackensack, NJ 07601</b>  |  |
| Telephone No.  |   | Telephone No.<br><b>201-329-7444</b>  |  |
| Start Date (10)<br><b>9/7/17</b>   |   | License No.<br><b>00388</b>   |  |
| Scheduled Completion Date (11)<br><b>9/8/17</b>  |   | Name of OSHA Monitor<br><b>Omega Environmental</b>  |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7:30 AM TO 5:00 PM</b> |   | Street Address<br><b>280 Huyler Street</b>  |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | City, State, Zip Code<br><b>South Hackensack, NJ 07606</b>  |  |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |   |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|  | Yes   | No  |  |
| <b>BASEMENT</b>  |   |   | <b>VAT</b>   |
| <b>BASEMENT</b>  |   |   | <b>THERMAL SYSTEM INSULATION</b>   |
|  |   |   |  |
|  |   |   |  |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>   |   | NUEP Waste Hauler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>6 cys</b>   |
| City, State<br><b>Hackensack, NJ 07601</b>   |   | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b>  |  |
| Disposal Date<br><b>9/8/17</b>   |   | City, State<br><b>Waynesburg, OH 44688</b>  |  |
| Completed by<br><b>J. Maiorano</b>   | Title<br><b>Estimator</b>   | Signature<br>   | Date<br><b>8/23/17</b>   |



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

CK# 8718



|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>08-25-2017   |   | Name of Building Owner / Operator (2)<br>Kennedy University Hospital |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification   |  |  |
|  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended (2 <sup>nd</sup> )<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |  |
|  | Street Address<br>18 E. Laurel Road   |  |  |
|  | City, State & Zip Code<br>Stratford, NJ 08084   |  |  |
|  | Name of Contact<br>Mr. John Ferraina  |  |  |

| FACILITY INFORMATION   |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Kennedy University Hospital-Dr. Badolatos Office   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>18 E. Laurel Road  |  | Square Feet      # of Floors      Bldg. Age<br>250,000                      2                      52   |   |
| City (5)<br>Stratford, NJ 08084  | County (6)<br>Camden                         | County Code (7)   |   |
| Current Use (Prior if being demolished)<br>Hospital  |  |   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Criterion Laboratories, Inc.  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Resource Management Group, LLC              |
| Street Address<br>3370 Progress Drive, Suite J   |  | Street Address<br>2115 Hamilton Ave, Ste 202  |   |
| City, State & Zip Code<br>Bensalem, Pa. 19020  |  | City, State & Zip Code<br>Trenton, NJ 08619   |   |
| Project Manager for Monitoring Firm<br>Mr. Mike Panepresso   |  | Telephone Number<br>215-244-1300  | Telephone Number      License Number<br>609-977-6159                      01185 |
| Scheduled Start Date (10)<br>09-8-2017   | Scheduled Completion Date (11)<br>09-21-2017 | Name of OSHA Monitor<br>J&S Environmental Laboratories Inc  |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe: Wk days 6pm to 2:30am Wknds 10am-6pm<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br>2333 Route 22 West  |   |
|  |  | City, State & Zip Code<br>Union, NJ 07083   |   |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Dr. Condolucci's Office-Ceiling deck & truss                                 | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire proofing   | 60 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dr. Condolucci's Office-top of metal light box                               | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire Proofing Debris  | 10 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

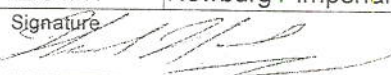
|  |  |                                    |                                |   |                    |
|--|--|------------------------------------|--------------------------------|---|--------------------|
| Name of Registered Waste Hauler<br>Robinson Waste Disposal Service, Inc. |  | NJDEP Waste Hauler ID No.<br>17304 | Cubic Yards of Waste<br>TBD    | Name of Registered Landfill<br>Grows Landfill |                    |
| City, State<br>Voorhees, NJ  |  | Disposal Date<br>TBD               | City, State<br>Morrisville, PA |   |                    |
| Completed By (Print or Type)<br>Mr. Brian Haney                          |  | Title<br>President                 | Signature<br>                  |   | Date<br>08/25/2017 |



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

PAID

CIC #1419

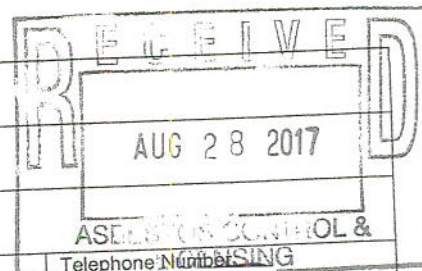
| Date of Notification (1)<br><b>August 18, 2017</b>   |  | Name of Building Owner/Operator (2)<br><b>Pretty Brook Tennis Club</b>  |   |   |  |                                     |        |             |           |
|--|--|---|---|---|--|-------------------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>229 Pretty Brook Road</b>  |   |   |  |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Princeton, New Jersey 08540</b>   |   |   |  |                                     |        |             |           |
|  |  | Name of Contact<br><b>Project Manager</b>   |   |   |  |                                     |        |             |           |
| FACILITY INFORMATION   |  |   |   |   |  |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Clubhouse</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |  |                                     |        |             |           |
| Street Address<br><b>229 Pretty Brook Road</b>   |  | Square Feet   | # of Floors<br><b>2</b>                             |   |  |                                     |        |             |           |
| City (5)<br><b>Princeton</b>   |  | Bldg. Age<br><b>88</b>  |   |   |  |                                     |        |             |           |
| County (6)<br><b>Mercer</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Clubhouse</b>   |   |   |  |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>  |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |   |  |                                     |        |             |           |
| Street Address<br><b>907 Doolittle Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |  |                                     |        |             |           |
| City, State, Zip Code<br><b>Bridgewater, NJ 08807</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |  |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Eric Houseknecht</b>   |  | Telephone No.<br><b>(908) 218-1108</b>  | License No.<br><b>00781</b>                         |   |  |                                     |        |             |           |
| Start Date (10)<br><b>9/11/17</b>  | Scheduled Completion Date (11)<br><b>12/31/17</b>  |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b> |   |  |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |  |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |  |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |  |                                     |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |  |                                     |        |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |
| Crawlspace   | <input checked="" type="checkbox"/>  |   |   | asbestos pipe insulation  | 100 l/f  | <input checked="" type="checkbox"/> |        |             |           |
| Basement Mechanical Room   | <input checked="" type="checkbox"/>  |   |   | tank  | 65 s/f   | <input checked="" type="checkbox"/> |        |             |           |
| "-"  | <input checked="" type="checkbox"/>  |   |   | asbestos pipe insulation  | 50 l/f   | <input checked="" type="checkbox"/> |        |             |           |
| Kitchen/Lounge   |  | <input checked="" type="checkbox"/>   |   | Vat/Carpet & mastic   | 400 s/f  | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Carting</b>   |  | NJ DEP Waste Hauler ID No.  |   | Cubic Yards of Waste<br><b>6.2</b>  | Name of Registered Landfill<br><b>Cumberland Co./ BFI / GROWS / TRRF</b> |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  |   |   | Disposal Date<br><b>12/31/17</b>  | City, State<br><b>Newburg / Imperial / Morrisville, PA</b>               |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   |   | Signature<br>                           | Date<br><b>8/18/17</b>   |                                     |        |             |           |





PAID

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



**CP # 573**

| Date of Notification (1)<br>08-21-2017   |   | Name of Building Owner/Operator (2)<br>Ed Tremco  |                               |   |                           |                |        |                    |           |
|--|---|---|-------------------------------|---|---------------------------|----------------|--------|--------------------|-----------|
| Agencies Notified  |   | Street Address<br>[REDACTED]  |                               |   |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                               |   |                           |                |        |                    |           |
|  |   | City, State, Zip Code<br>Pequannock NJ 07440  |                               |   |                           |                |        |                    |           |
|  |   | Name of Contact<br>Ed Tremco  |                               |   |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>  |   |   |                               |   |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Dwelling   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                   |                               |   |                           |                |        |                    |           |
| Street Address<br>[REDACTED]   |   | Square Feet<br>n/a  | # of Floors<br>n/a            |   |                           |                |        |                    |           |
| City (5)<br>Pequannock NJ 07440  |   | Bldg. Age<br>n/a  |                               |   |                           |                |        |                    |           |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br>Private Dwelling   |                               |   |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Standard Environmental  |   | Name of Abatement Contractor (9)<br>Amax Contracting LLC  |                               |   |                           |                |        |                    |           |
| Street Address<br>2108 Fulton Street, Suite 2A   |   | Street Address<br>PO BOX 734  |                               |   |                           |                |        |                    |           |
| City, State, Zip Code<br>Brooklyn NY 11233   |   | City, State, Zip Code<br>Woodland Park NJ 07424   |                               |   |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>Kayode Adefisoye  |   | Telephone No.<br>347-241-7673   | License No.<br>01266          |   |                           |                |        |                    |           |
| Start Date (10)<br>09-05-2017  | Scheduled Completion Date (11)<br>09-09-2017                          |   |                               |   |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Name of OSHA Monitor<br>Amax Contracting LLC  |                               |   |                           |                |        |                    |           |
|  |   | Street Address<br>PO BOX 734  |                               |   |                           |                |        |                    |           |
|  |   | City, State, Zip Code<br>Woodland Park NJ 07424   |                               |   |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)   |   |   |                               |   |                           |                |        |                    |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                               |   |                           |                |        |                    |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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   |   |   | X                             | TRANSITE SIDING   | 1200 SF                   | X              |        |                    |           |
|  |   |   |                               |   |                           |                |        |                    |           |
|  |   |   |                               |   |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>Amax Contracting LLC  |   | NJDEP Waste Hauler ID No.<br>0036184  | Cubic Yards of Waste<br>12 CY | Name of Registered Landfill<br>Fairless Hills   |                           |                |        |                    |           |
| City, State<br>Woodland Park NJ 07424  |   | Disposal Date<br>09-14-2017   |                               | City, State<br>Morrisville PA   |                           |                |        |                    |           |
| Completed by<br>Tome Maslarkov   |   | Title<br>Project Manager  |                               | Signature<br>   |                           |                |        | Date<br>08-21-2017 |           |

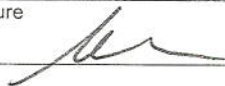
Do not use this form for asbestos licensure exempted activities.



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

*NO OK*

*Check 16751*

| Date of Notification (1)<br>8/23/17  |  | Name of Building Owner/Operator (2)<br>Tobar Excavating  |   |  |                           |                 |        |             |           |
|--|--|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>385 High Street  |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Norwood, NJ 07648   |   |  |                           |                 |        |             |           |
|  |  | Name of Contact<br>Tom Locovare  |   |  |                           |                 |        |             |           |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> AUG 28 2017<br/> LICENSING </div>  |  |  |   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Associated with Apartment Complex  |  | Type of Facility (4)   |   |  |                           |                 |        |             |           |
| Street Address<br>203 Faller Drive   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                 |        |             |           |
| City (5)<br>New Milford  |  | Square Feet<br>3000  | # of Floors<br>2  |  |                           |                 |        |             |           |
| County (6)<br>Bergen   |  | Bldg. Age<br>85  |   |  |                           |                 |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>boiler room of apartment complex  |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |  |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>PO Box 483, 4 E Gate Drive   |   |  |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Glenwood, NJ 07418  |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-764-2276  | License No.<br>703  |  |                           |                 |        |             |           |
| Start Date (10)<br>9/11/17   | Scheduled Completion Date (11)<br>9/29/17  | Name of OSHA Monitor   |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address   |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>basement</u> |  | City, State, Zip Code  |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No   | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| Boiler room behind 203 Faller Dr   |  |  | x   | ceiling plaster  | 240 LF                    | x               |        |             |           |
|  |  |  | x   | pipe insulation  | 60 LF                     | x               |        |             |           |
|  |  |  | x   | boiler insulation  | 150 SF                    | x               |        |             |           |
| Name of Registered Waste Hauler<br>ABS Environmental Services, LLC   |  | NJDEP Waste Hauler ID No.<br>104248  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Minerva Landfill  |                           |                 |        |             |           |
| City, State<br>Glenwood, NJ  |  | Disposal Date<br>TBD   |   | City, State<br>Waynesburg, OH  |                           |                 |        |             |           |
| Completed by<br>A. Scott Higgins   |  | Title<br>President   | Signature<br> |  |                           | Date<br>8/23/17 |        |             |           |



PAID

Print Form

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

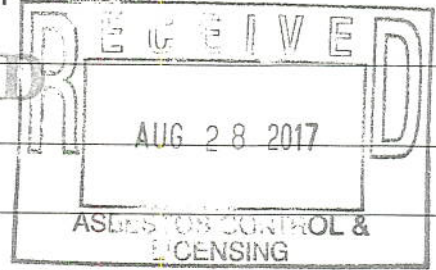


|  |  |  |                             |  |                           |                |                 |             |           |
|--|--|--|-----------------------------|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>8/23/17  |  | Name of Building Owner/Operator (2)<br>Joe Campanella  |                             |  |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]   |                             |  |                           |                |                 |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Caldwell, NJ 07006  |                             |  |                           |                |                 |             |           |
|  |  | Name of Contact<br>Joe Campanella  |                             |  |                           |                |                 |             |           |
|  |  | Telephone Number<br>[REDACTED]   |                             |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |                             |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |  | Type of Facility (4)   |                             |  |                           |                |                 |             |           |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                             |  |                           |                |                 |             |           |
| City (5)<br>Caldwell   |  | Square Feet<br>2000  | # of Floors<br>2            |  |                           |                |                 |             |           |
|  |  | Bldg. Age<br>80  |                             |  |                           |                |                 |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>single family home  |                             |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)   |                             |  |                           |                |                 |             |           |
| Street Address   |  | ABS Environmental Services, LLC  |                             |  |                           |                |                 |             |           |
| City, State, Zip Code  |  | Street Address<br>PO Box 483, 4 E Gate Drive   |                             |  |                           |                |                 |             |           |
|  |  | City, State, Zip Code<br>Glenwood, NJ 07418  |                             |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-764-2276  | License No.<br>703          |  |                           |                |                 |             |           |
| Start Date (10)<br>9/11/17   | Scheduled Completion Date (11)<br>9/30/17  | Name of OSHA Monitor   |                             |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address   |                             |  |                           |                |                 |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>basement</u> |  | City, State, Zip Code  |                             |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |  |                             |  |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                             |  |                           |                |                 |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                             |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                             | Description of Asbestos Containing Material (ACM)<br>(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  | 125 LF                    | x              |                 |             |           |
|  |  |  |                             |  |                           |                |                 |             |           |
|  |  |  |                             |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Western Berks Landfill  |                           |                |                 |             |           |
| City, State<br>Freehold, NJ  |  | Disposal Date<br>TBD   |                             | City, State<br>Waynesburg, OH  |                           |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |  | Title<br>President   |                             | Signature<br>  |                           |                | Date<br>8/23/17 |             |           |



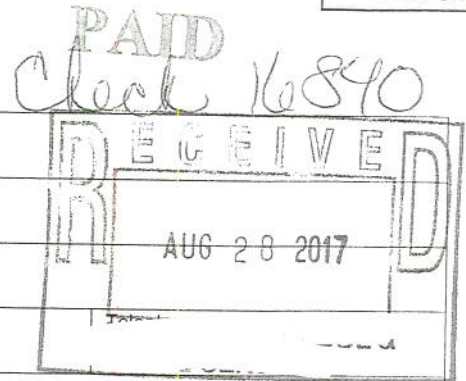
Check #  
9059

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



| Date of Notification (1)<br>08 / 22 / 17   |  | Name of Building Owner/Operator (2)<br>Gene Kurish   |  |  |                           |                                     |                          |                          |                          |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>P.O. Box 159<br>City, State, Zip Code<br>Franklin, NJ 07416<br>Name of Contact<br>Gene Kurish  |  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]   |  | Square Feet<br>2,200   |  |  |                           |                                     |                          |                          |                          |
| City (5)<br>Franklin   |  | # of Floors<br>2   | Bldg. Age<br>80 yrs.   |  |                           |                                     |                          |                          |                          |
| County (6)<br>Sussex   |  | County Code (7) (STATE USE ONLY)<br>Current Use (Prior if being demolished)<br>House   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.<br>N/A  | Name of Abatement Contractor (9)<br>East Coast Haz Mat Removal, Inc. |  |                           |                                     |                          |                          |                          |
| Street Address   |  | Street Address<br>494 East 41st Street   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code  |  | City, State, Zip Code<br>Paterson, NJ 07504  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-345-0022  | License No.<br>00507   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>9 / 2 / 17  | Scheduled Completion Date (11)<br>9 / 6 / 17   | Name of OSHA Monitor<br>Same as above  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM   |  | Street Address<br>City, State, Zip Code  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                  | Pipe Insulation  | 180 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<br>East Coast Haz Mat Removal, Inc.  |  | NJDEP Waste Hauler ID No.<br>419   | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>G.R.O.W.S., North W/M of PA   |                           |                                     |                          |                          |                          |
| City, State<br>Paterson, NJ  |  | Disposal Date<br>9-6-17  |  | City, State<br>Morrisville, PA   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>James Unger  |  | Title<br>Sr. Estimator/Project Mgr.  |  | Signature<br><i>[Signature]</i>  |                           | Date<br>8-22-17                     |                          |                          |                          |

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



|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>8/24/17   |   | Name of Building Owner/Operator (2)<br>Nick Lesvosgc |  |
| Agencies Notified   | Type Notification   | Street Address<br>[REDACTED]                         |  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Union NJ                    |  |
|   |   | Name of Contact<br>Nick                              |  |

| FACILITY INFORMATION   |   |  |   |
|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |
| Street Address<br>[REDACTED]   |   | Square Feet<br>2200  | # of Floors<br>2  |
| City (5)<br>Union  |   | Bldg. Age<br>80  |   |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>single family home  |   |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive   |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-764-2276  | License No.<br>703  |
| Start Date (10)<br>9/9/17  | Scheduled Completion Date (11)<br>9/30/17 | Name of OSHA Monitor   |   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>basement</u> |   | Street Address   |   |
|  |   | City, State, Zip Code  |   |
| Scope of Work (Check All That Apply)   |   |  |   |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(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  | 65 LF                     | x              |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |

|   |  |                                    |                             |   |                 |
|---|--|------------------------------------|-----------------------------|---|-----------------|
| Name of Registered Waste Hauler<br>Freehold Cartage |  | NJDEP Waste Hauler ID No.<br>15939 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Western Berks Landfill |                 |
| City, State<br>Freehold, NJ                         |  |                                    | Disposal Date<br>TBD        | City, State<br>Birdsboro, PA                          |                 |
| Completed by<br>A. Scott Higgins                    |  | Title<br>President                 | Signature<br>               |   | Date<br>8/24/17 |



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



|  |   |  |   |  |                           |                 |        |             |           |
|--|---|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/24/17  |   | Name of Building Owner/Operator (2)<br>John DiPasquale, The L Group  |   |  |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>534 Broadway   |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne NJ 07002  |   |  |                           |                 |        |             |           |
|  |   | Name of Contact<br>John  |   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                 |        |             |           |
| Street Address<br>[REDACTED]   |   |  |   |  |                           |                 |        |             |           |
| City (5)<br>Bayonne  |   | Square Feet<br>2200  | # of Floors<br>2  |  |                           |                 |        |             |           |
|  |   | Bldg. Age<br>75  |   |  |                           |                 |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>single family home  |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |  |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive   |   |  |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-764-2276  | License No.<br>703  |  |                           |                 |        |             |           |
| Start Date (10)<br>9/15/17   | Scheduled Completion Date (11)<br>10/15/17  | Name of OSHA Monitor   |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>basement</u> |   | Street Address   |   |  |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| Roof   |   |  | x   | roofing  | 600 SF                    | x               |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
|  |   |  |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Western Berks Landfill  |                           |                 |        |             |           |
| City, State<br>Freehold, NJ  |   |  | Disposal Date<br>TBD  | City, State<br>Birdsboro, PA   |                           |                 |        |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President   | Signature<br>   |  |                           | Date<br>8/24/17 |        |             |           |

**COPY**  
**PAID**

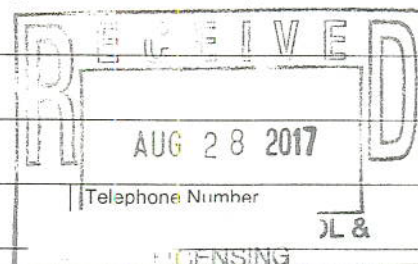
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>8-17-17</b>   |  | Name of Building Owner / Operator (2)<br><b>Environmental Liability Transfer</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type Notification<br>Initial <input type="checkbox"/><br>Amended <input checked="" type="checkbox"/><br>Emergency <input checked="" type="checkbox"/><br>Cancellation <input type="checkbox"/>  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Building # 3, Perth Amboy 1180, LLC.</b><br>Street Address<br><b>1180 State Street</b><br>City (5)<br><b>Perth Amboy</b><br>County (6)<br><b>Middlesex</b><br>County Code (7)<br><b>NA</b>  |  | Street Address<br><b>1860 Des Peres Rd., Suite 308</b><br>City, State & Zip Code<br><b>St. Louis, MO 63131</b><br>Name of Contact<br><b>Adam Postz, ELT</b>   |  |
| FACILITY INFORMATION<br>Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Foot<br><b>NA</b><br># of Floors<br><b>NA</b><br>Current Use (Prior if being demolished)<br><b>None</b>  |  |   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ASCM No.</b><br>Street Address<br>City, State & Zip Code<br>Project Manager for Monitoring Firm<br>Telephone Number  |  | Name of Abatement Contractor (9)<br><b>Enterprise Network Resolutions Contracting, LLC.</b><br>Street Address<br><b>874 Piney Hollow Road, PO Box 70</b><br>City, State & Zip Code<br><b>Winslow, New Jersey 08095</b><br>Telephone Number<br><b>609-567-0600</b><br>License Number<br><b>01263</b> |  |
| Scheduled Start Date (10)<br><b>8-17-17</b><br>Scheduled Completion Date (11)<br><b>8-31-17</b>  |  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b><br>Street Address<br><b>200 Route 130 North</b><br>City, State & Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe:<br><input type="checkbox"/> Facility Occupied During Abatement  |  |   |  |
| Scopes of Work (Check all that apply)<br><input checked="" type="checkbox"/> 23 sf or 23 ft<br><input checked="" type="checkbox"/> 2160 sf 2260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedures<br><input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   |  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)<br>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)<br>Abatement Type<br>Removal Repair Encapsulation Enclosure   |  |
| Roof<br>Roofing  |  | 150 s. f.<br>X  |  |
| Name of Registered Waste Hauler<br><b>Bull Waste &amp; Recycling, Inc.</b><br>City, State<br><b>Berlin, NJ</b>   |  | NJDEP Waste Hauler ID No.<br><b>21436</b><br>Cubic Yards of Waste<br><b>60</b><br>Name of Registered Landfill<br><b>Salem County Landfill</b><br>Disposal Date<br><b>8-28-17</b><br>City, State<br><b>Alloway, New Jersey</b>   |  |
| Completed By (Print or Type)<br><b>Theodore S. Budzynski</b><br>Title<br><b>President</b>  |  | Signature<br>Date<br><b>8-17-17</b>   |  |



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

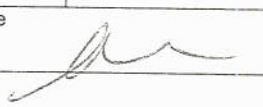
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|  |   |  |   |   |                           |                 |        |             |           |
|--|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/24/17  |   | Name of Building Owner/Operator (2)<br>John DiPasquale, The L Group  |   |   |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>534 Broadway   |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne NJ 07002  |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Name of Contact<br>John  | Telephone Number<br>_____   |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |   |                           |                 |        |             |           |
| Street Address<br>[REDACTED]   |   | Square Feet<br>2300  | # of Floors<br>2  |   |                           |                 |        |             |           |
| City (5)<br>Bayonne  |   | Bldg. Age<br>72  |   |   |                           |                 |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>single family home  |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive   |   |   |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-764-2276  | License No.<br>703  |   |                           |                 |        |             |           |
| Start Date (10)<br>9/15/17   | Scheduled Completion Date (11)<br>10/15/17  | Name of OSHA Monitor   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other -- Describe: <u>basement</u> |   | Street Address   |   |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                 |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| Roof   |   |  | x   | roofing   | 840 SF                    | x               |        |             |           |
| Exterior   |   |  | x   | transite siding   | 1400 SF                   | x               |        |             |           |
| basement   |   |  | x   | pipe insulation   | 6 LF                      | x               |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Western Berks Landfill   |                           |                 |        |             |           |
| City, State<br>Freehold, NJ  |   |  | Disposal Date<br>TBD  | City, State<br>Birdsboro, PA  |                           |                 |        |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President   | Signature<br>   |   |                           | Date<br>8/24/17 |        |             |           |

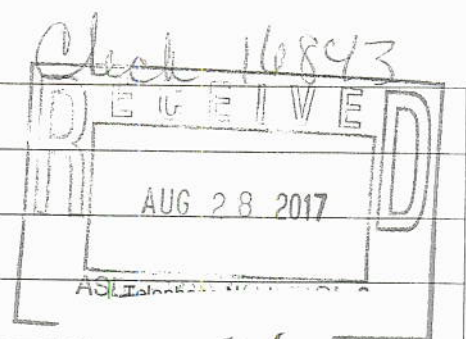
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**PAID**  
*Check 16843*

| Date of Notification (1)<br>8/24/17 PAGE 1 OF 2   |   | Name of Building Owner/Operator (2)<br>King Water Park Ent. LLC   |   |   |   |                |                 |             |           |
|---|---|---|---|---|---|----------------|-----------------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>327 Commercial Avenue   |   |   |   |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Palisades Park, NJ 07650   |   |   |   |                |                 |             |           |
|   |   | Name of Contact<br>Samuel Kim   |   |   |   |                |                 |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |   |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>vacant building   |   | Type of Facility (4)  |   |   |   |                |                 |             |           |
| Street Address<br>319 Commercial Avenue   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |   |                |                 |             |           |
| City (5)<br>Palisades Park  |   | Square Feet<br>3500   | # of Floors<br>2  |   |   |                |                 |             |           |
| County (6)<br>Bergen  |   | Bldg. Age<br>80   |   |   |   |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)<br>vacant building  |   |   |   |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |   |                |                 |             |           |
| Street Address  |   | Street Address<br>PO Box 483, 4 E Gate Drive  |   |   |   |                |                 |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |   |   |                |                 |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.   | Telephone No.<br>973-764-2276                                       |   |   |                |                 |             |           |
|   |   |   | License No.<br>703  |   |   |                |                 |             |           |
| Start Date (10)<br>9-16-17  | Scheduled Completion Date (11)<br>10-30-17  |   | Name of OSHA Monitor  |   |   |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |   | Street Address  |   |   |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                      |   |   | City, State, Zip Code   |   |   |                |                 |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |   |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   |   |   |   |   |                |                 |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |   |   |   |   |                |                 |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |   |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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 |
| Northwest Upper Warehouse   |   |   | X   | concrete  | 400 SF  | X              |                 |             |           |
| North roof  |   |   | X   | flashing  | 1000 SF   | X              |                 |             |           |
| Upper West roof   |   |   | X   | flashing  | 1300 SF   | X              |                 |             |           |
| Lower north warehouse   |   |   | X   | floor tile & mastic   | 600 SF  | X              |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage   |   | NJDEP Waste Hauler ID No.<br>15939  |   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Western Berks Landfill |                |                 |             |           |
| City, State<br>Freehold, NJ   |   | Disposal Date<br>TBD  |   | City, State<br>Birdsboro, NJ  |   |                |                 |             |           |
| Completed by<br>A. Scott Higgins  |   | Title<br>President  |   | Signature<br>                           |   |                | Date<br>8/24/17 |             |           |



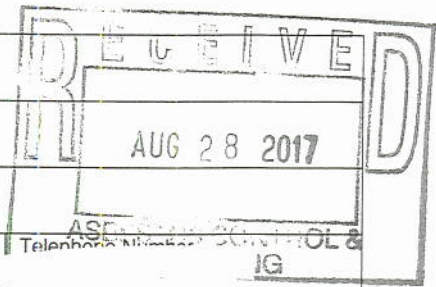
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1)<br>8/24/17 PAGE 2 OF 2  |   | Name of Building Owner/Operator (2)<br>King Water Park Ent. LLC   |   |  |   |                |                 |             |           |
|--|---|---|---|--|---|----------------|-----------------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>327 Commercial Avenue   |   |  |   |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Palisades Park, NJ 07650   |   |  |   |                |                 |             |           |
|  |   | Name of Contact<br>Samuel Kim   |   |  |   |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |   |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>vacant building  |   | Type of Facility (4)  |   |  |   |                |                 |             |           |
| Street Address<br>319 Commercial Avenue  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |   |                |                 |             |           |
| City (5)<br>Palisades Park   |   | Square Feet<br>3500   | # of Floors<br>2  |  |   |                |                 |             |           |
| County (6)<br>Bergen   |   | Bldg. Age<br>80   |   |  |   |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>vacant building  |   |  |   |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | Name of Abatement Contractor (9)  |   |  |   |                |                 |             |           |
| Street Address   |   | ABS Environmental Services, LLC   |   |  |   |                |                 |             |           |
| City, State, Zip Code  |   | Street Address<br>PO Box 483, 4 E Gate Drive  |   |  |   |                |                 |             |           |
| Project Manager for Monitoring Firm  |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |  |   |                |                 |             |           |
| Telephone No.  |   | Telephone No.<br>973-764-2276   | License No.<br>703  |  |   |                |                 |             |           |
| Start Date (10)<br>9-16-17   | Scheduled Completion Date (11)<br>10-30-17  |   | Name of OSHA Monitor  |  |   |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |   | Street Address  |  |   |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |   |   | City, State, Zip Code   |  |   |                |                 |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |   |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(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 |
| Northwest Upper Warehouse  |   |   | X   | pipe insulation  | 60 LF   | X              |                 |             |           |
|  |   |   | X   | pipe fittings  | 20  | X              |                 |             |           |
|  |   |   |   |  |   |                |                 |             |           |
|  |   |   |   |  |   |                |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939  |   | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>Western Berks Landfill |                |                 |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Birdsboro, NJ   |   |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President  |   | Signature<br>  |   |                | Date<br>8/24/17 |             |           |

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

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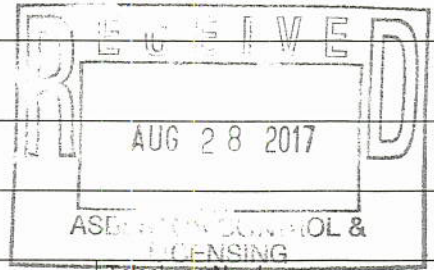


| Date of Notification (1)<br>8/23/2017   |   | Name of Building Owner/Operator (2)<br>Residence  |  |  |                           |                |        |             |           |
|---|---|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address  |  |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Elizabeth, NJ 07202<br><br>Name of Contact<br>Anothy Martinangelo  |  |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   | Type of Facility (4)  |  |  |                           |                |        |             |           |
| Street Address  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                |        |             |           |
| City (5)<br>Elizabeth   |   | Square Feet<br>1857   | # of Floors<br>2   |  |                           |                |        |             |           |
| County (6)<br>Union   |   | Bldg. Age<br>117  |  |  |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)   |  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>A. Seine Lighthouse Solutions  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Brinks Tank Services |  |                           |                |        |             |           |
| Street Address<br>PO Box 354  |   | Street Address<br>1256 Liberty Avenue   |  |  |                           |                |        |             |           |
| City, State, Zip Code<br>South Orange, NJ 07079   |   | City, State, Zip Code<br>Hillside, NJ 07205   |  |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Sarah Calandra   |   | Telephone No.<br>201-349-2666   | License No.<br>01316                                     |  |                           |                |        |             |           |
| Start Date (10)<br>9/6/2017   | Scheduled Completion Date (11)<br>9/20/2017   | Name of OSHA Monitor<br>A. Seine Lighthouse Solutions   |  |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>PO Box 354  |  |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                      |   | City, State, Zip Code<br>South Orange, NJ 07079   |  |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |  |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition   |   |   |  |  |                           |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes   | No  | N/A  |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement  |   | X   |  | Pipe Wrap  | 60 LF                     | X              |        |             |           |
|   |   |   |  |  |                           |                |        |             |           |
|   |   |   |  |  |                           |                |        |             |           |
|   |   |   |  |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting   |   | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste                                     | Name of Registered Landfill<br>Waste Management Landfill   |                           |                |        |             |           |
| City, State<br>East Orange, NJ  |   |   | Disposal Date  | City, State<br>Penn Argyle, PA   |                           |                |        |             |           |
| Completed by<br>Alison Lamers   |   | Title<br>Office Manager   | Signature<br>  | Date<br>8/23/2017  |                           |                |        |             |           |



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

**PAID**



|   |  |   |                                     |   |  |                                     |                          |                          |                          |
|---|--|---|-------------------------------------|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>08 / 25 / 17</b>   |  | Name of Building Owner/Operator (2)<br><b>CAPC ASF #1</b>   |                                     |   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>108 Church Street, 3<sup>rd</sup> Floor</b>  |                                     |   |  |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>New Brunswick, NJ 08901</b>   |                                     |   |  |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Daniel Karbownik</b>  |                                     |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |                                     |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single Family Residential Structure</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                     |   |  |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]  |  | Square Feet<br><b>1,000</b>   |                                     |   |  |                                     |                          |                          |                          |
| City (5)<br><b>Fords</b>  |  | # of Floors<br><b>1</b>   | Bldg. Age<br><b>92</b>              |   |  |                                     |                          |                          |                          |
| County (6)<br><b>Middlesex</b>  |  | County Code (7) (STATE USE ONLY)<br><b>Vacant</b>   |                                     |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Health and Safety Services, Inc.</b>  |  | ASCM No.<br><b>00117</b>  |                                     |   |  |                                     |                          |                          |                          |
| Street Address<br><b>PO Box 365</b>   |  | Name of Abatement Contractor (9)<br><b>Superior Abatement Inc</b>   |                                     |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Berlin, NJ 08009</b>  |  | Street Address<br><b>2 Henderson Drive</b>  |                                     |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>   |  | City, State, Zip Code<br><b>West Caldwell, NJ 07006</b>   |                                     |   |  |                                     |                          |                          |                          |
| Telephone No.<br><b>856-452-1311</b>  |  | Telephone No.<br><b>(973) 808-1616</b>  |                                     |   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 05 / 17</b>  |  | License No.<br><b>00411</b>   |                                     |   |  |                                     |                          |                          |                          |
| Scheduled Completion Date (11)<br><b>09 / 06 / 17</b>   |  | Name of OSHA Monitor<br><b>Superior Abatement Inc</b>   |                                     |   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  | Street Address<br><b>2 Henderson Drive</b>  |                                     |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |   |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>20 LF</b>              | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A                                 |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement</b>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <b>Pipe Insulation</b>  |  | <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<br><b>Service Transport Group, Inc</b>  |  | NJDEP Waste Hauler ID No.<br><b>SW2117</b>  |                                     | Cubic Yards of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>New Castle, DE</b>  |  | Disposal Date<br><b>09/06/17</b>  |                                     | City, State<br><b>Waynesburgh, OH</b>   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Mary Petrovski</b>   |  | Title<br><b>President</b>   |                                     | Signature<br>   |  |                                     | Date<br><b>8/25/17</b>   |                          |                          |



PAID

Check # 9587

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

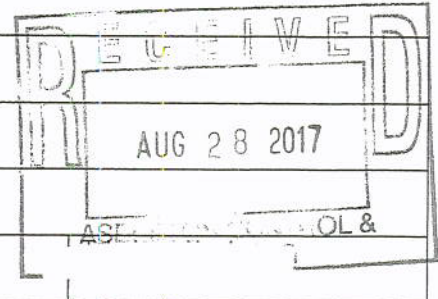
|  |   |  |     |   |                           |  |        |             |           |
|--|---|--|-----|---|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1)<br>8/23/17  |   | Name of Building Owner/Operator (2)<br>WEIDENMUELLER   |     | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> AUG 28 2017 </div>   |                           |  |        |             |           |
| Agencies Notified  |   | Street Address   |     |   |                           |  |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |     |   |                           |  |        |             |           |
| City, State, Zip Code<br>OAKLAND, NJ 07436   |   | Name of Contact<br>JAMES VITALE  |     | Telephone Number  |                           |  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |     |   |                           |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENCE  |   |  |     | Type of Facility (4)  |                           |  |        |             |           |
| Street Address   |   |  |     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |  |        |             |           |
| City (5)<br>OAKLAND  |   |  |     | Square Feet<br>1,750  | # of Floors<br>2          |  |        |             |           |
| County (6)<br>BERGEN   |   |  |     | Bldg. Age<br>+50  |                           |  |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br>RESIDENTIAL   |     |   |                           |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   |     | Name of Abatement Contractor (9)<br>A.MAC Contracting Inc.  |                           |  |        |             |           |
| Street Address   |   | Street Address<br>185 Vreeland Ave   |     | City, State, Zip Code<br>Midland Park, NJ 07432   |                           |  |        |             |           |
| City, State, Zip Code  |   | Telephone No.<br>(201)262-5841   |     | License No.<br>00156  |                           |  |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |     | Name of OSHA Monitor<br>Omega Environmental Services Inc.   |                           |  |        |             |           |
| Start Date (10)<br>9/04/17   |   | Scheduled Completion Date (11)<br>9/24/17  |     | Street Address<br>280 Huyler Street   |                           |  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | City, State, Zip Code<br>Hackensack, NJ 07606  |     | Other - Describe:   |                           |  |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |     |   |                           |  |        |             |           |
| Scope of Work (Check All That Apply)   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| 1ST FLOOR  |   |  | ✓   | VAT   | 710SF                     | ✓  |        |             |           |
|  |   |  |     |   |                           |  |        |             |           |
|  |   |  |     |   |                           |  |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc.   |   | NJDEP Waste Hauler ID No.<br>04509   |     | Cubic Yards of Waste<br>4   |                           | Name of Registered Landfill<br>Grand Central Sanitary Landfill |        |             |           |
| City, State<br>Newark, NJ 07105  |   | Disposal Date<br>9/4/17 On   |     | City, State<br>Pen Argyl, PA 08702  |                           |  |        |             |           |
| Completed by<br>Joseph Vocaturo  |   | Title<br>Vice President  |     | Signature<br>J. Vocaturo  |                           | Date<br>8/23/17  |        |             |           |



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



|   |   |   |   |  |                           |                 |        |             |           |
|---|---|---|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8/24/17   |   | Name of Building Owner/Operator (2)<br>Sue Cirello  |   |  |                           |                 |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>[REDACTED]  |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bound Brook, NJ 08805  |   |  |                           |                 |        |             |           |
|   |   | Name of Contact<br>Ron Haluszka   |   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                 |        |             |           |
| Street Address<br>[REDACTED]  |   |   |   |  |                           |                 |        |             |           |
| City (5)<br>Bound Brook   |   | Square Feet<br>1900   | # of Floors<br>2  |  |                           |                 |        |             |           |
|   |   | Bldg. Age<br>65+/-  |   |  |                           |                 |        |             |           |
| County (6)<br>Somerset  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Residential Home   |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |   | ASCM No. _____  | Name of Abatement Contractor (9)<br>All Stages Abatement  |  |                           |                 |        |             |           |
| Street Address  |   | Street Address<br>280 N. Midland Ave.   |   |  |                           |                 |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Saddle Brook, NJ 07663   |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>201-600-3184   | License No.<br>01305  |  |                           |                 |        |             |           |
| Start Date (10)<br>9/5/17   | Scheduled Completion Date (11)<br>9/7/17  | Name of OSHA Monitor  |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M |   | Street Address  |   |  |                           |                 |        |             |           |
|   |   | City, State, Zip Code   |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|   | Yes   | No  | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| Basement  |   | x   |   | Pipe Wrap  | 87 LF                     | x               |        |             |           |
|   |   |   |   |  |                           |                 |        |             |           |
|   |   |   |   |  |                           |                 |        |             |           |
|   |   |   |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement   |   | NJDEP Waste Hauler ID No.<br>0036592  | Cubic Yards of Waste<br>3 CU  | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                 |        |             |           |
| City, State<br>Saddle Brook, NJ   |   |   | Disposal Date<br>TBD  | City, State<br>Pen Argyl, PA 18072   |                           |                 |        |             |           |
| Completed by<br>Richard Cristofol   |   | Title<br>President  | Signature<br>   |  |                           | Date<br>8/24/17 |        |             |           |

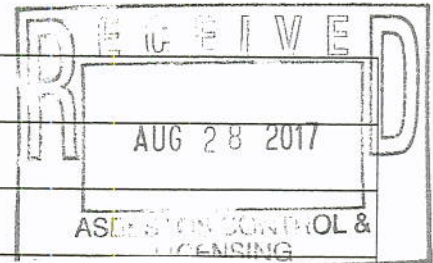


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK #1280



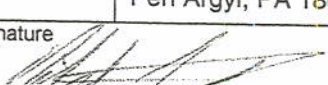
|  |   |  |   |  |                |         |                 |             |           |
|--|---|--|---|--|----------------|---------|-----------------|-------------|-----------|
| Date of Notification (1)<br>8/24/17  |   | Name of Building Owner/Operator (2)<br>Nuti Ilie   |   |  |                |         |                 |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]   |   |  |                |         |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bergenfield, NJ 07621   |   |  |                |         |                 |             |           |
|  |   | Name of Contact<br>Nuti Ilie   |   |  |                |         |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                |         |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                |         |                 |             |           |
| Street Address<br>[REDACTED]   |   | Square Feet<br>2200  | # of Floors<br>2  |  |                |         |                 |             |           |
| City (5)<br>Bergenfield  |   | Bldg. Age<br>65+/-   |   |  |                |         |                 |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Residential Home  |   |  |                |         |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager   |   | ASCM No. _____   |   |  |                |         |                 |             |           |
| Street Address   |   | Name of Abatement Contractor (9)<br>All Stages Abatement   |   |  |                |         |                 |             |           |
| City, State, Zip Code  |   | Street Address<br>280 N. Midland Ave.  |   |  |                |         |                 |             |           |
| Project Manager for Monitoring Firm  |   | City, State, Zip Code<br>Saddle Brook, NJ 07663  |   |  |                |         |                 |             |           |
| Telephone No. _____  |   | Telephone No.<br>201-600-3184  | License No.<br>01305  |  |                |         |                 |             |           |
| Start Date (10)<br>8/28/17   | Scheduled Completion Date (11)<br>8/31/17   | Name of OSHA Monitor   |   |  |                |         |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M. |   | Street Address   |   |  |                |         |                 |             |           |
|  |   | City, State, Zip Code  |   |  |                |         |                 |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                |         |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                |         |                 |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                |         |                 |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                      | Abatement Type |         |                 |             |           |
|  | Yes   | No   |   |  | N/A            | Removal | Repair          | Encapsulate | Enclosure |
| Basement   |   | x  |   | VAT  | 556 SF         | x       |                 |             |           |
|  |   |  |   |  |                |         |                 |             |           |
|  |   |  |   |  |                |         |                 |             |           |
|  |   |  |   |  |                |         |                 |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement  |   | NJDEP Waste Hauler ID No.<br>0036592   | Cubic Yards of Waste<br>3 CU  | Name of Registered Landfill<br>Grand Central Sanitary Landfill |                |         |                 |             |           |
| City, State<br>Saddle Brook, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Pen Argyl, PA 18072                             |                |         |                 |             |           |
| Completed by<br>Richard Cristofol  |   | Title<br>President   |   | Signature<br>  |                |         | Date<br>8/24/17 |             |           |



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

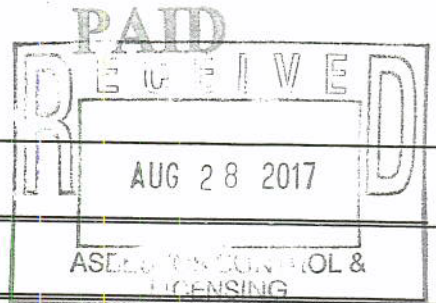
CK# 1224

| Date of Notification (1)<br>8/25/17  |  | Name of Building Owner/Operator (2)<br>Laura Astorina   |  |   |                           |                |        |                 |           |
|--|--|---|--|---|---------------------------|----------------|--------|-----------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]  |  |   |                           |                |        |                 |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lodi, NJ 07644   |  |   |                           |                |        |                 |           |
|  |  | Name of Contact<br>Laura Astorina   |  |   |                           |                |        |                 |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                |        |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |        |                 |           |
| Street Address<br>[REDACTED]   |  | Square Feet<br>2125   | # of Floors<br>3   |   |                           |                |        |                 |           |
| City (5)<br>Lodi   |  | Bldg. Age<br>65+/-  |  |   |                           |                |        |                 |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Residential Home   |  |   |                           |                |        |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager   |  | ASCM No.  | Name of Abatement Contractor (9)<br>All Stages Abatement |   |                           |                |        |                 |           |
| Street Address   |  | Street Address<br>280 N. Midland Ave.   |  |   |                           |                |        |                 |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Saddle Brook, NJ 07663   |  |   |                           |                |        |                 |           |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>201-600-3184   | License No.<br>01305                                     |   |                           |                |        |                 |           |
| Start Date (10)<br>9/7/17  | Scheduled Completion Date (11)<br>9/12/17  | Name of OSHA Monitor  |  |   |                           |                |        |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M  |  | Street Address  |  |   |                           |                |        |                 |           |
|  |  | City, State, Zip Code   |  |   |                           |                |        |                 |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |                           |                |        |                 |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |   |                           |                |        |                 |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                 |           |
|  | Yes  | No  | N/A  |   |                           | Removal        | Repair | Encapsulate     | Enclosure |
| Basement   |  | X   |  | VAT   | 798 SF                    | X              |        |                 |           |
|  |  |   |  |   |                           |                |        |                 |           |
|  |  |   |  |   |                           |                |        |                 |           |
|  |  |   |  |   |                           |                |        |                 |           |
| Name of Registered Waste Hauler<br>All Stages Abatement  |  | NJDEP Waste Hauler ID No.<br>0036592  | Cubic Yards of Waste<br>3 CU                             | Name of Registered Landfill<br>Grand Central Sanitary Landfill  |                           |                |        |                 |           |
| City, State<br>Saddle Brook, NJ  |  | Disposal Date<br>TBD  |  | City, State<br>Pen Argyl, PA 18072  |                           |                |        |                 |           |
| Completed by<br>Richard Cristofol  |  | Title<br>President  |  | Signature<br>                           |                           |                |        | Date<br>8/25/17 |           |



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

D&S Proj. #: 17-228



|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>10/18/17    |   | Name of Building Owner/Operator (2)<br>carol hudson & steven kay |  |
| Agencies Notified                       | Type Notification   | Street Address<br>[REDACTED]                                     |  |
| <input type="checkbox"/> EPA            | <input type="checkbox"/> Initial  | City, State, Zip Code<br>chatham boro, nj 07928                  |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended  | Name of Contact<br>michael cardone                               |  |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Emergency (including justification) | Telephone Number   |  |
| <input type="checkbox"/> DOH            | <input type="checkbox"/> Cancellation                                   |  |  |
| <input type="checkbox"/> DCA            |   |  |  |

FACILITY INFORMATION

|   |  |  |  |                                     |             |
|---|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>carol hudson & steven kay   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |             |
| Street Address<br>[REDACTED]  |  |  | Square Feet  |                                     |             |
| City (5)<br>chatham boro  |  |  | County (6)<br>MORRIS   | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  |  | ASCM No.   | Bldg. Age                           |             |
| Street Address  |  |  | Current Use (Prior if being demolished)  |                                     |             |
| City, State, Zip Code   |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |                                     |             |
| Project Manager for Monitoring Firm   |  |  | Street Address<br>20 California Ave.   |                                     |             |
| Phone Number  |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |                                     |             |
| Start Date (10)<br>08/25/17   |  |  | Telephone Number<br>973-345-8020   |                                     |             |
| Sched. Completion Date (11)<br>09/15/17   |  |  | License Number<br>01169  |                                     |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  | Name of OSHA Monitor<br>D & S Restoration, Inc.  |                                     |             |
|   |  |  | Street Address<br>20 California Avenue   |                                     |             |
|   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |                                     |             |

Scope of Work (check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf ☒ Renovation ☐ Full Containment w/negative pressure
- ☐  $\geq 160$  sf or  $\geq 260$  lf ☐ Demolition ☐ Mini-enclosure
- ☐ Non-Exempted (\*) and Non-friable procedure

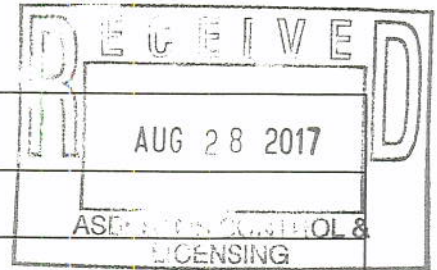
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                          |                          |                          |
| basement   |  | <input checked="" type="checkbox"/> |     | pipe insulation                                   | 193 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"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>08/28/17 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>08/22/2017  |



PAID

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

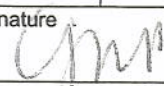


| Date of Notification (1)<br><b>08 / 25 / 17</b>  |  | Name of Building Owner/Operator (2)<br><b>Township of Branchburg</b>   |   |  |   |                                     |                          |                          |                          |
|--|--|--|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1077 U.S. Highway 202</b>   |   |  |   |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Branchburg, NJ 08876</b>   |   |  |   |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Denise Piskowski</b>   |   |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Commercial</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>650 Case Road</b>   |  | Square Feet  | # of Floors   |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Branchburg, NJ</b>  |  | Bldg. Age  |   |  |   |                                     |                          |                          |                          |
| County (6)<br><b>Somerset</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |   |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Brinkerhoff Environmental Services, Inc.</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b> |  |   |                                     |                          |                          |                          |
| Street Address<br><b>1805 Atlantic Avenue</b>  |  | Street Address<br><b>27 Outwater Lane</b>  |   |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Manasquan, NJ 08736</b>  |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jason Hooper</b>   |  | Telephone No.<br><b>732-223-2225</b>   | Telephone No.<br><b>973-928-4888</b>                              |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 06 / 17</b>   |  | Scheduled Completion Date (11)<br><b>09 / 22 / 17</b>  | License No.<br><b>1188</b>  |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM   |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>27 Outwater Lane</b>  |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |   |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Cow Barn (Partial)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Asphalt Roofing  | 700 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cow Barn (by Silo)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Asphalt Roofing Debris   | 40 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken Coop   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Asphalt Roofing  | 240 SF  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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<br><b>Newark Carting/ Century Waste, LLC</b>   |  | NJDEP Waste Hauler ID No.<br><b>04509/ 3797</b>  |   | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>Blueridge Landfill/ IESI Bethlehem Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Newark, NJ / Elizabeth, NJ</b>   |  | Disposal Date<br><b>TBD</b>  |   | City, State<br><b>Chamberburg, PA/ Bethlehem, PA</b>   |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |  | Title<br><b>Project Manager</b>  |   | Signature<br>  |   | Date<br><b>8/25/17</b>              |                          |                          |                          |



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

PAID

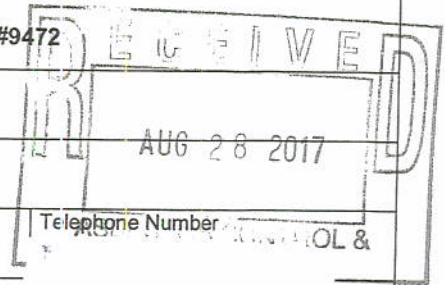
|  |  |  |                                   |  |                           |                                     |                          |                          |                          |
|--|--|--|-----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">8 / 25 / 17</div>   |  | Name of Building Owner/Operator (2)<br><b>JCP&amp;L/FirstEnergy Company / Job #11708-5205 Check #9471</b>  |                                   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>10 Legion Place- Building A</b><br>City, State, Zip Code<br><b>Morristown, NJ 07960</b><br>Name of Contact<br><b>John Greco</b>   |                                   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |                                   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>JCP&amp;L</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>150 Ridgedale Avenue</b>  |  | Square Feet    # of Floors    Bldg. Age  |                                   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Whippany, NJ</b>  |  | County Code (7) (STATE USE ONLY)   |                                   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>  |  | Current Use (Prior if being demolished)<br><b>Substation</b>   |                                   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>1 Source Safety &amp; Health, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>   |                                   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>140 S. Village Ave., Suite 130</b>  |  | Street Address<br><b>30 Maple Ave. PO Box 25</b>   |                                   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Exton, PA 19341</b>  |  | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>  |                                   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Hovendon</b>   |  | Telephone No.<br><b>610-524-5525</b>   | License No.<br><b>00529</b>       |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">9 / 5 / 17</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">9 / 8 / 17</div>  | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |                                   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM   |  | Street Address<br><b>200 Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |                                   |  |                           |                                     |                          |                          |                          |
| 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<br><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)<br><b>TO BE ABATED IN Facility (13)</b>   | 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                |
| <b>Control Room</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>          | <b>Floor tile &amp; Mastic</b>   | <b>300 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Basement</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>          | <b>Duct Work</b>   | <b>25 SF</b>              | <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<br><b>AbateTech, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>18750</b>  | Cubic Yards of Waste<br><b>20</b> | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Lumberton, NJ</b>  |  | Disposal Date<br><b>9/8/17</b>   |                                   | City, State<br><b>Tullytown, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>  |  | Title<br><b>Operations Coordinator</b>   |                                   | Signature<br>                            |                           |                                     | Date<br><b>8/25/17</b>   |                          |                          |



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

**PAID**


OK # 9472



| Date of Notification (1)<br><u>8</u> / <u>25</u> / <u>17</u>  |   | Name of Building Owner/Operator (2)<br><b>PSE&amp;G / Job #1708-5195</b>   |                          | Check #9472  |   |                                     |                          |                          |                          |
|---|---|--|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br><b>4000 Hadley Road</b><br>City, State, Zip Code<br><b>South Plainfield, NJ</b><br>Name of Contact<br><b>Joe Spinola</b>   |   |                                     |                          |                          |                          |
|   |   |  |                          | Telephone Number   |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |                          |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G- Riverside</b>   |   |  |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |   |                                     |                          |                          |                          |
| Street Address<br><b>30 North fairview Street</b>   |   |  |                          |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Riverside, NJ</b>  |   |  |                          | Square Feet  | # of Floors   |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>   |   | County Code (7) (STATE USE ONLY)   |                          | Current Use (Prior if being demolished)<br><b>Substation</b>   |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   |                          | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>   |   |                                     |                          |                          |                          |
| Street Address  |   |  |                          | Street Address<br><b>30 Maple Ave. PO Box 25</b>   |   |                                     |                          |                          |                          |
| City, State, Zip Code   |   |  |                          | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm   |   | Telephone No.  |                          | Telephone No.<br><b>609-265-2107</b>   | License No.<br><b>00529</b>                               |                                     |                          |                          |                          |
| Start Date (10)<br><u>8</u> / <u>17</u> / <u>17</u>   |   | Scheduled Completion Date (11)<br><u>8</u> / <u>31</u> / <u>17</u>   |                          | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |  |                          | Street Address<br><b>200 Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |  |                          |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                          | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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"/> | Transite Conduit   | 1,164 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Window Cailk   | 20 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Transite   | 60 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Insulated Wire   | 10 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management</b>  |   | NJDEP Waste Hauler ID No.  |                          | Cubic Yards of Waste<br><b>12</b>  | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Camden, NJ</b>  |   |  |                          | Disposal Date<br><b>8/31/17</b>  | City, State<br><b>Tullytown, PA</b>                       |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>  |   | Title<br><b>Operations Coordinator</b>   |                          | Signature<br>  |   | Date<br><b>8/25/17</b>              |                          |                          |                          |



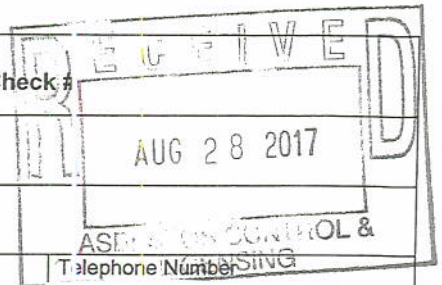
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|  |   |   |  |  |   |                                     |                          |                          |                          |
|--|---|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>8 / 24 / 17</b>   |   | Name of Building Owner/Operator (2)<br><b>PSE&amp;G / Job # 1705-5144</b>   |  | <b>COURTESY NOTIFICATION</b>   |   |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>4000 Hadley Road</b><br>City, State, Zip Code<br><b>South Plainfield, NJ</b><br>Name of Contact<br><b>Greg Marone</b>   |   |                                     |                          |                          |                          |
|  |   |   |  | Telephone Number<br>AUG 28 2017<br>LICENSING   |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G- Lake Nelson</b>  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |                                     |                          |                          |                          |
| Street Address<br><b>1177 Centennial Road</b>  |   |   | Square Feet  |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Piscataway, NJ</b>  |   |   | # of Floors  |  | Bldg. Age   |                                     |                          |                          |                          |
| County (6)<br><b>Middlesex</b>   |   | County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>Control House</b>  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NA</b>   |   | ASCM No.  |  | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>   |   |                                     |                          |                          |                          |
| Street Address   |   | Street Address<br><b>30 Maple Ave. PO Box 25</b>  |  |  |   |                                     |                          |                          |                          |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>   |  |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |   | Telephone No.   |  | Telephone No.<br><b>609-265-2107</b>   |   |                                     |                          |                          |                          |
| Start Date (10)<br><b>9 / 5 / 17</b>   |   | Scheduled Completion Date (11)<br><b>9 / 6 / 17</b>   |  | License No.<br><b>00529</b>  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |   | Name of OSHA Monitor<br><b>EMSL Analytical</b><br>Street Address<br><b>200 Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>   |  |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |   |  |  |   |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Wall   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Plaster  | 1 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Window   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Window Caulk   | 1 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management</b>   |   | NJDEP Waste Hauler ID No.<br><b>18750</b>   |  | Cubic Yards of Waste<br><b>2</b>   | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Camden, NJ</b>   |   | Disposal Date<br><b>9/6/17</b>  |  | City, State<br><b>Tullytown, PA</b>  |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>   |   | Title<br><b>Operations Coordinator</b>  |  | Signature<br>  |   | Date<br><b>8/24/17</b>              |                          |                          |                          |



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

*NO OK*



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><u>8</u> / <u>24</u> / <u>17</u>  |  | Name of Building Owner/Operator (2)<br><b>PSE&amp;G / Job #1708-5204 Pg.1</b> Check #  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>4000 Hadley Road</b><br>City, State, Zip Code<br><b>South Plainfield, NJ</b><br>Name of Contact<br><b>Christina Meerloo</b> |  |
|   |  | Telephone Number   |  |

**FACILITY INFORMATION**

|  |  |  |                             |
|--|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G- South 5<sup>th</sup> Street Substation</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                             |
| Street Address<br><b>501-511 Bergen Street</b>   |  | Square Feet  | # of Floors                 |
| City (5)<br><b>Harrison, NJ 07029</b>  |  | Bldg. Age  |                             |
| County (6)<br><b>Hudson</b>  | County Code (7) (STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br><b>Substation</b>   |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Health &amp; Safety Services</b>   |  | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>   |                             |
| Street Address<br><b>PO Box 365</b>  |  | Street Address<br><b>30 Maple Ave. PO Box 25</b>   |                             |
| City, State, Zip Code<br><b>Berlin, NJ 08009</b>   |  | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>  |                             |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>  | Telephone No.<br><b>609-839-2431</b>                               | Telephone No.<br><b>609-265-2107</b>   | License No.<br><b>00529</b> |
| Start Date (10)<br><u>8</u> / <u>30</u> / <u>17</u>  | Scheduled Completion Date (11)<br><u>9</u> / <u>20</u> / <u>17</u> | Name of OSHA Monitor<br><b>EMSL Analytical</b>   |                             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |  | Street Address<br><b>200 Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |                             |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                              | Abatement Type                      |                          |                          |                          |
|--|---|---|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No  | N/A                      |  |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior Roof  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | Roofing Material   | 12,000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Roof  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | Flashing Parapet   | 660 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Roof  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | Pitch Pocket Flashing  | 290 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | Floor tile & Mastic  | 12,000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>ETGI</b>                               |   | NJDEP Waste Hauler ID No.<br><b>000692061</b> |                          | Cubic Yards of Waste<br><b>12</b>  | Name of Registered Landfill<br><b>G.R.O.W.S. North</b> |                                     |                          |                          |                          |
| City, State<br><b>Flanders, NJ 07836</b>                                     |   | Disposal Date<br><b>9/20/17</b>               |                          | City, State<br><b>Morrisville, PA 19067</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b>                   |   | Title<br><b>Operations Coordinator</b>        |                          | Signature<br><i>[Signature]</i>  |  | Date<br><b>8/24/17</b>              |                          |                          |                          |



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LICENSING

ASB-41  
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\* Do not use this form for asbestos licensure exempted activities.



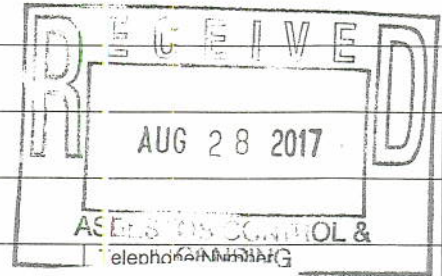
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br>8 / 25 / 17  |  | Name of Building Owner/Operator (2)<br>JCP&L/FirstEnergy Company / Job #1708-5138 Check #9407 & 9401   |                          |  |  |                                     |                          |                          |                          |
|--|--|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>10 Legion Place- Building A  |                          |  |  |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Morristown, NJ 07960  |                          |  |  |                                     |                          |                          |                          |
|  |  | Name of Contact<br>John Greco  |                          |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |                          |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>JCP&L- Legion Place Complex- Building D  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |  |  |                                     |                          |                          |                          |
| Street Address<br>10 Legion Place  |  | Square Feet  | # of Floors              |  |  |                                     |                          |                          |                          |
| City (5)<br>Morristown, NJ 07960   |  | Bldg. Age  |                          |  |  |                                     |                          |                          |                          |
| County (6)<br>Morris   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Substation  |                          |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>1 Source Safety & Health, Inc.  | ASCM No.   | Name of Abatement Contractor (9)<br>AbateTech, Inc.  |                          |  |  |                                     |                          |                          |                          |
| Street Address<br>140 S. Village Ave., Suite 130   |  | Street Address<br>30 Maple Ave. PO Box 25  |                          |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Exton, PA 19341   |  | City, State, Zip Code<br>Lumberton, NJ 08048   |                          |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Brian Hovendon  | Telephone No.<br>610-524-5525  | Telephone No.<br>609-265-2107  | License No.<br>00529     |  |  |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 23 / 17   | Scheduled Completion Date (11)<br>9 / 29 / 17  | Name of OSHA Monitor<br>EMSL Analytical  |                          |  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM   |  | Street Address<br>200 Route 130 North  |                          |  |  |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Cinnaminson, NJ 08077   |                          |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |                          |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><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                |
| Reader Meters Office Area  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | 2x layer Floor tile & Mastic   | 1 196 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor's Office  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | 2x layer Floor tile & Mastic   | 221 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>AbateTech, Inc.   |  | NJDEP Waste Hauler ID No.<br>18750   |                          | Cubic Yards of Waste<br>20   | Name of Registered Landfill<br>G.R.O.W.S. Landfill |                                     |                          |                          |                          |
| City, State<br>Lumberton, NJ   |  | Disposal Date<br>9/29/17   |                          | City, State<br>Tullytown, PA   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Gwen Trumbetti   | Title<br>Operations Coordinator  |  |                          | Signature<br>  | Date<br>8/25/17                                    |                                     |                          |                          |                          |



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

PAID



|  |   |  |  |     |
|--|---|--|--|-----|
| Date of Notification (1)<br>8/25/17  |   | Name of Building Owner/Operator (2)<br>SBLP Princeton, LLC   |  |     |
| Agencies Notified  | Type Notification   | Street Address<br>4514 Cole Ave  |  |     |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Dallas, TX 75205  |  |     |
|  |   | Name of Contact<br>Kyle Wisdom   |  |     |
| <b>FACILITY INFORMATION</b>  |   |  |  |     |
| Name of Facility Where Abatement is Taking Place (3)<br>FMC Corporation Pilot Plant  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |     |
| Street Address<br>1 Plainsboro Rd Block 1703 Lot 3.01/3.02/3.03  |   | Square Feet  | # of Floors<br>3   |     |
| City (5)<br>Plainsboro   |   | Bldg. Age  |  |     |
| County (6)<br>Middlesex County   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Abandoned   |  |     |
| Name of Monitoring Firm Hired by Building Owner (8)<br>The Vertex Companies  |   | ASCM No.   | Name of Abatement Contractor (9)<br>SCE Environmental Group  |     |
| Street Address<br>700 Turner Way Suite 105   |   | Street Address<br>1380 Mt Cobb Rd  |  |     |
| City, State, Zip Code<br>Aston PA 19014  |   | City, State, Zip Code<br>Lake Ariel PA 18436   |  |     |
| Project Manager for Monitoring Firm<br>David Turney  |   | Telephone No.<br>610-558-8002  | Telephone No.<br>570 383 4151  |     |
| License No.  |   |  |  |     |
| Start Date (10)<br>9/5/17  | Scheduled Completion Date (11)<br>11/5/17   | Name of OSHA Monitor<br>SCE Environmental Group  |  |     |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>1380 Mt Cobb Rd  |  |     |
|  |   | City, State, Zip Code<br>Lake Ariel PA 18436   |  |     |
| Scope of Work (Check All That Apply)   |   |  |  |     |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |     |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |     |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |     |
|  | Yes   | No   |  | N/A |
| Please see Attached  |   |  | Please see Attached  |     |
|  |   |  |  |     |
|  |   |  |  |     |
|  |   |  |  |     |
| Name of Registered Waste Hauler<br>Peter Rubinetto Hauling   |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>300 +/-  |     |
| City, State<br>New Vernon  |   | Disposal Date  | Name of Registered Landfill<br>IESI Bethlehem Landfill<br>Bethlehem PA 18015   |     |
| City, State  |   |  |  |     |
| Completed by<br>MARIA Wheeler  | Title<br>PMA  | Signature<br>[Signature]   | Date<br>8/24/17  |     |



*FMC Redgumter*

**SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXHAUST HOOD DUCTS**

*Princeton NJ*

|                              |
|------------------------------|
| RECEIVED                     |
| AUG 28 2017                  |
| ASBESTOS CONTROL & LICENSING |

**2.2 DESCRIPTION OF WORK**

| Building 30                        |  |                            |
|------------------------------------|--|----------------------------|
| Location(s)                        | Material Description                               | Estimated Quantity         |
| Throughout                         | Pink 12x12 Floor Tile Mastic<br>(4.1% Chrysotile)  | 1,800 SF                   |
| Throughout                         | Beige 12x12 Floor Tile<br>(2.2% Chrysotile)        | 13,400 SF                  |
| Throughout                         | Beige 12x12 Floor Tile Mastic<br>(4.4% Chrysotile) |                            |
| Entrance Stairwell Landings        | 12x12 Stairwell Floor Tile<br>(1.3% Chrysotile)    | 180 SF                     |
| Entrance Vestibule & Curtain Walls | MO Caulk<br>(1.6% Chrysotile)                      | 250 LF                     |
| Throughout Laboratories            | Gray Tabletop Mastic<br>(1.6% Chrysotile)          | 1,300 SF                   |
| Throughout Laboratories            | Black Tabletop<br>(10% Chrysotile)                 |                            |
| Throughout Laboratories            | Black Tabletop Mastic<br>(3.3% Chrysotile)         |                            |
| Throughout Laboratories            | Counter Hood Lining<br>(25% Chrysotile)            | 900 SF                     |
| Throughout Laboratories            | Floor Hood Lining<br>(35% Chrysotile)              | 1,400 SF                   |
| Restrooms & Closets                | Tile Mortar Bed<br>(1.25% Chrysotile)              | 1,600 SF                   |
| Stairwells                         | Door Caulks<br>(15.5% Chrysotile)                  | 150 LF                     |
| Stairwells                         | Masonry Caulk<br>(2.2% Chrysotile)                 | 600 LF                     |
| Men's Restroom                     | Pipe Packing<br>(50% Chrysotile)                   | 15 LF                      |
| Room #123                          | Jacket on FG<br>(1.8% Chrysotile)                  | 150 LF<br>(1-2' Diameter)  |
| Second Floor                       | End Capping on FG<br>(2.8% Chrysotile)             | 15,000 LF                  |
| Third Floor                        | End Capping on FG<br>(2.25% Chrysotile)            |                            |
| Dust Collection Duct; Third Floor  | Caulk<br>(1.4% Chrysotile)                         | 150 LF                     |
| Lab Exhaust Duct; Third Floor      | Duct Coating<br>(7.0% Chrysotile)                  | 200 SF                     |
| Building 30                        | Exterior Duct Jacket<br>(4.3% Chrysotile)          | 100 LF<br>(1-2' Dia meter) |

**SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXHAUST HOOD DUCTS**

**RECEIVED**  
AUG 28 2017  
ASBESTOS CONTROL & LICENSING

| Building 30        |                                     |                    |
|--------------------|-------------------------------------|--------------------|
| Location(s)        | Material Description                | Estimated Quantity |
| Upper Roof         | Capstone Caulk<br>(1.9% Chrysotile) | 50 LF              |
| Upper Roof Field   | B.U.R.<br>(22.8% Chrysotile)        | 20,500 SF          |
| Low Roof - North   | Duct Tar<br>(4.7% Chrysotile)       | 40 SF              |
| Low Roof Field     | B.U.R.<br>(1.7% Chrysotile)         | 12,510 SF          |
| Low Roof Perimeter | B.U.R.<br>(19.2% Chrysotile)        |                    |
| Throughout         | Fire Doors<br>(Assume ACM)          | 110 Doors          |
| Throughout         | Electric Panel Materials            | TBD                |

| Building 31           |   |                           |
|-----------------------|---|---------------------------|
| Location(s)           | Material Description                        | Estimated Quantity        |
| Throughout            | End Cap on Fiberglass<br>(10.7% Chrysotile) | 38 SF                     |
| Exterior Cooling Unit | Jacket on Fiberglass<br>(15.1% Chrysotile)  | 100 LF<br>(1-2' Diameter) |
| Exterior Cooling Unit | Caulk at Unit Top<br>(4.9% Chrysotile)      | 20 LF                     |
| Exterior Cooling Unit | Transite Vents & Panels<br>(30% Chrysotile) | 200 SF                    |
| Throughout            | Fire Doors<br>(Assume ACM)                  | 5 Doors                   |
| Roof                  | Roofing Materials<br>(Assume ACM)           | 5,400 SF                  |
| Throughout            | Electric Panel Materials                    | TBD                       |

| Building 32 |                                      |                    |
|-------------|--------------------------------------|--------------------|
| Location(s) | Material Description                 | Estimated Quantity |
| Labs        | Hood Lining<br>(20% Chrysotile)      | 25 SF              |
| Throughout  | Tabletop<br>(25% Chrysotile)         | 40 SF              |
| Throughout  | Tabletop Mastic<br>(1.8% Chrysotile) |                    |



SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXHAUST HOOD  
DUCTS

AUG 28 2017

SEASON CONTROL  
LICENSING

| Building 32                                |  |                    |
|--|--|--------------------|
| Location(s)                                | Material Description                         | Estimated Quantity |
| Tank Area                                  | Black Jacket on Fittings & Pipes             | 60 SF              |
| Tank Area: Tank w/ Aluminum Covering       | Black Insulation Covering (16.7% Chrysotile) | 120 SF             |
| West Pipe-Building Penetration             | Caulk (1.2% Chrysotile)                      | 25 SF              |
| T512 & T511, Large Tank w/ Aluminum Siding | Tar at Hatch and Roof (18.7% Chrysotile)     | 240 SF             |
| Windows Throughout                         | MO Caulk (2.0% Chrysotile)                   | 30 LF              |
| West Elevation Side Vent                   | Caulk (6.6% Chrysotile)                      | 30 SF              |
| Roof Vent Penetrations                     | Flashing (26.5% Chrysotile)                  | 30 SF              |
| Roof Field                                 | B.U.R (26.3% Chrysotile)                     | 6,800 SF           |
| Roof Perimeter                             | B.U.R (3.7% Chrysotile)                      |                    |
| Throughout                                 | Fire Doors                                   | 13 Doors           |
| Throughout                                 | Electric Panel Materials                     | TBD                |

It is however the Contractor's responsibility to remove, treat and dispose of all asbestos-containing, and/or contaminated, materials from each and every property and structure as identified above. All materials either identified as asbestos containing material (ACM), and/or Presumed Asbestos Containing Material (PACM), and/or considered a suspect asbestos-containing material, and/or asbestos contaminated material is to be treated as asbestos containing and is part of the Contractor's scope of work for this project. The Contractor shall remove, treat and dispose of all mercury-containing thermostats and PCB assumed ballasts from each property and structure as identified above. This asbestos abatement project will involve the removal of the materials from each of the locations identified in Attachment No. 1 – Universal Waste, Asbestos, and LBP Inventory Report, dated April 7, 2010

- A. Contractors should note that the quantities of materials are approximate. All prospective bidders are encouraged to visit the site to confirm quantities prior to submitting their bids.
1. There will be no unauthorized persons allowed in the Building or structures during this project. Access to the work areas shall be restricted to the abatement contractor, the Owner, the Owner's Environmental Monitor, and authorized visitors.
  2. All work will occur, during times described in the General Conditions, Supplementary Conditions and Division 1-General Requirements unless authorized by the Owners representative responsible for this project. Each building will be unoccupied throughout the abatement period.