

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

PAID

DOL - 10 DAY

MAY 25 2018

WAIVER APPROVED

201-757-9963

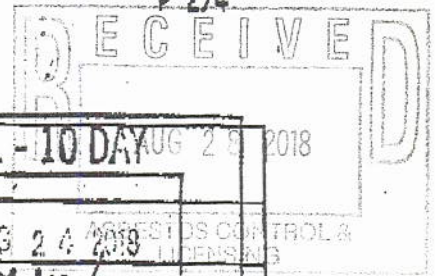
Date of Notification (1) 05/25/18		Name of Building Owner/Operator (2) Wayne Ford						
Agencies Notified	Type Notification	Street Address 444 Rt. 46						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470						
		Name of Contact Poll Kessler						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Wayne Ford		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 444 Rt. 46		Square Feet 50,000						
City (5) Wayne		# of Floors 2	Bldg. Age 50+					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Car Dealership						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Stanmark Solutions, LLC						
Street Address		Street Address 28 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309					
Start Date (10) 05/26/18	Scheduled Completion Date (11) 05/29/18	Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1056 Stelton Road						
		City, State, Zip Code Piscataway, NJ 08854						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 250 S.F.	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
2nd floor Repair room		x		floor tiles	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA				
Completed by Stan Stankovic		Title G. Manager	Signature Stan Stankovic		Date 05/25/18			

2018-08-24 11:06

Shade Environmental 1 >> 609 613 0664

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 5:23 and 5:16)



Date of Notification (1) 08 / 24 / 18		Name of Building Owner/Operator (2) Cedar Grove Board of Education		DOL - 10 DAY AUG 24 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 520 Pompton Avenue City, State, Zip Code Cedar Grove, NJ 07009 Name of Contact Michael Petherman	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) South End Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, houses, etc.)	
Street Address 116 Harper Terrace				Square Feet 50,110	
City (5) Cedar Grove				# of Floors 2	
County (6) Essex				Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use: (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue			
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08162			
Project Manager for Monitoring Firm Bill Wolgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	
Start Date (10) 08 / 27 / 18		Scheduled Completion Date (11) 08 / 31 / 18		License No. 00842	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Process <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)	
		Yes No N/A			
Music Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Tar Paper	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Amount (Specify SF or LF)		740 SF			
Abatement Type		Removal Repair Encapsulate Enclosure			
		<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"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	
City, State Freehold, NJ		Disposal Date 08/31/2018		Name of Registered Landfill Fairless Landfill	
City, State Fairless, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature Chris Lynch	
				Date 8/24/18	

 ASB-41
 JAN 13

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

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

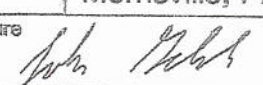
Date of Notification (1) <u>08</u> / <u>23</u> / <u>18</u>		Name of Building Owner/Operator (2) Clifton Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 26:26-2)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 745 Clifton Ave	
		City, State, Zip Code Clifton, NJ 07013	
		Name of Contact Al Marchione	Telephone Number 973-470-2276

RECEIVED
AUG 23 2018
ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Clifton School 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 41 Oak St			
City (5) Clifton	Square Feet 30,000	# of Floors	Bldg. Age
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants	ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc.	
Street Address PO Box 385		Street Address 205 Rt. 46 West Suite 14	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Eric Clarkson	Telephone No. 609-652-1833	Telephone No. 973-832-4244	License No. 01155
Start Date (10) <u>08</u> / <u>28</u> / <u>18</u>	Scheduled Completion Date (11) <u>09</u> / <u>04</u> / <u>18</u>	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address	
		City, State, Zip Code	

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

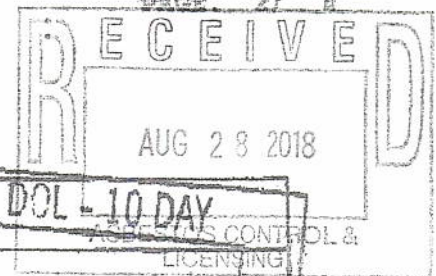
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Rib Packing	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Brick	86sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting Insulation	41 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaching Insulation	60sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Academy Construction Inc.	NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) John Geleski	Title PM	Signature 	Date 08/23/18

Aug. 23. 2018 02:50 PM ACADEMY CONSTRUCTION INC 9738324.43

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)



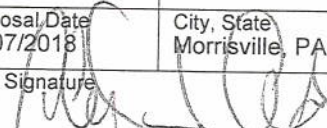
Date of Notification (1) <u>08</u> / <u>23</u> / <u>18</u>		Name of Building Owner/Operator (2) Clifton Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> PCA (NJAC 8:23-9)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 745 Clifton Ave City, State, Zip Code Clifton, NJ 07013 Name of Contact Al Marchione	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Clifton School 8		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Suburban <input type="checkbox"/> Other home, etc.	Address (5) 41 Oak St
City (5) Clifton		Square Feet (6) 30,000	# of Floors (7) 1
County (8) Passaic		County Code (7)/STATE/USE ONLY	Current Use (9) Other (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (10) Ahera Consultants		ASCM No. 0057	Name of Abatement Contractor (11) Academy Construction Inc.
Street Address PO Box 365		Street Address 205 Rt. 46 West	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	Telephone No. 973-892-4244
Start Date (12) <u>08</u> / <u>28</u> / <u>18</u>	Scheduled Completion Date (11) <u>09</u> / <u>04</u> / <u>18</u>	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> 250 sf or less <input checked="" type="checkbox"/> 250 sf or more		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Abatement Type Removal Repair Encapsulation Enclosure
Boiler Room		Boiler Rib Packing	60 sf
Boiler Room		Fire Brick	86sf
Boiler Room		Fitting Insulation	41 sf
Boiler Room		Breaching Insulation	60sf
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Public Yards of Waste 5
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Fairless Landfill
Completed By (Print or Type) John Giesek		Title PM	Signature <i>[Signature]</i>
		Signature <i>[Signature]</i>	Date 08/23/18

ASB-01
JAN 13

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

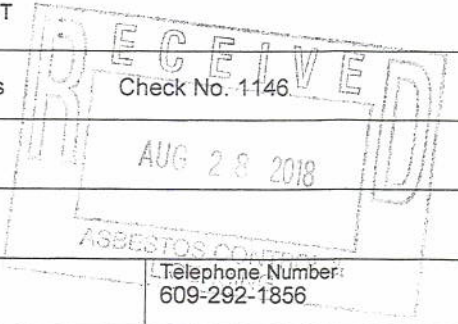
CK 1223

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

Date of Notification (1) 08/24/2018		Name of Building Owner/Operator (2) NJ Department of Human Services		Check No. 1228					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 222 South Warren Street		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED AUG 28 2018 </div>				
			City, State, Zip Code Trenton, New Jersey 08625						
			Name of Contact Pamela Tye-Harlan						
			Telephone Number 609-292-1856						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Greystone Hospital				Type of Facility (4)					
Street Address 59 Koch Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morris Plains, New Jersey 07950				Square Feet 800	# of Floors 1				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 7 Pleasant Hill Drive			Street Address 606 McBride Ave						
City, State, Zip Code Cranbury, New Jersey 08572			City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 08/27/2018		Scheduled Completion Date (11) 09/07/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Southern Bay of the 4 Bay Garage			X	Pipe Insulation Incl. Elbows & Joints	100 LF	X			
Southern Bay of the 4 Bay Garage			X	Ceiling Board	800 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 09/07/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 08/24/2018			

rock

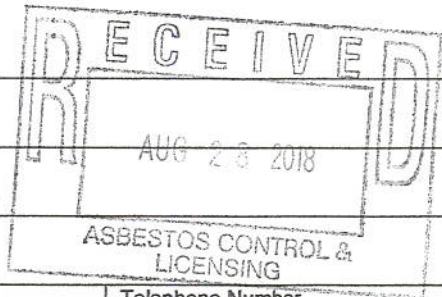
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/20/2018		Name of Building Owner/Operator (2) NJ Department of Human Services		Check No. 1146					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 222 South Warren Street City, State, Zip Code Trenton, New Jersey 08625 Name of Contact Pamela Tye-Harlan					
				Telephone Number 609-292-1856					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Greystone Hospital				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 59 Koch Avenue									
City (5) Morris Plains, New Jersey 07950				Square Feet 800	# of Floors 1				
				Bldg. Age 50+					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 7 Pleasant Hill Drive			Street Address 606 McBride Ave						
City, State, Zip Code Cranbury, New Jersey 08572			City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 07/23/2018		ON HOLD		Scheduled Completion Date (11) 07/28/2018					
Name of OSHA Monitor Iris Environmental Laboratories, LLC									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Southern Bay of the 4 Bay Garage			X	Pipe Insulation Incl. Elbows & Joints	100 LF	X			
Southern Bay of the 4 Bay Garage			X	Ceiling Board	800 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 07/28/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 07/20/2018			

CK1700

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



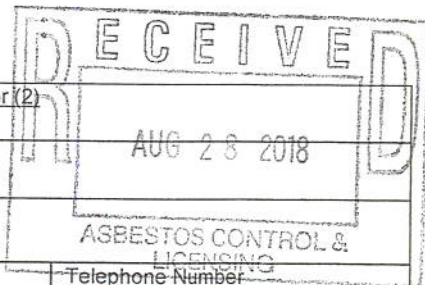
Date of Notification (1) 08-23-18		Name of Building Owner/Operator (2) Riverside Community Church							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Union Ave.							
		City, State, Zip Code Nutley, NJ 07110							
		Name of Contact Andy Jelliffe	Telephone Number (973) 661-1400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riverside Community Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Union Ave.		Square Feet	# of Floors						
City (5) Nutley		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address 120 North Warren St.		Street Address 522 7th St.							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm Dominic Dercole		Telephone No. (609) 462-3218	License No. 01206						
Start Date (10) 08-28-18	Scheduled Completion Date (11) 09-03-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Boiler Insulation	200 SF	x			
Basement		x		Pipe Insulation	4 LF	x			
Basement		x		Bolier Components	30 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 09-04-18	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 08-23-18			

OK 3167

State of New Jersey - Notification of Asbestos Abatement

PAID

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



Date of Notification (1) August 24, 2018		Name of Building Owner/Operator (2) Private Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Morristown, NJ	
Name of Contact Laura Fernandez		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years	
City (5) Morristown	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision, Inc.		ASCM No.	
Street Address 20-21 Wagaraw Road, Bldg 35E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) September 17, 2018		Scheduled Completion Date (11) September 23, 2018	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor Attic	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic Vermiculite Insulation	Amount (Specify SF or LF) 150 sf 600 sf
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date September 23, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date August 24, 2018

GAC # 2018-655

ck1229

PAID

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

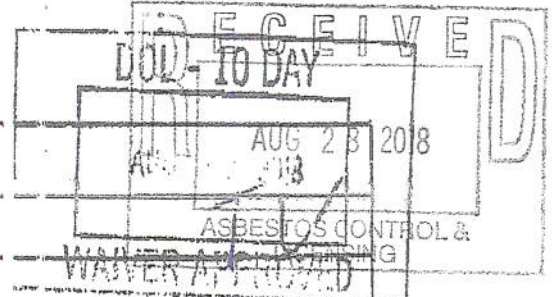
Date of Notification (1) 08/24/2018		Name of Building Owner/Operator (2) Westfield Area YMCA		AUG Check# 1229				
Agencies Notified	Type Notification	Street Address 220 Clark Street		ASBESTOS CONTROL & LICENSING				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, New Jersey 07090		Telephone Number 908-233-2700 X 242				
Name of Facility Where Abatement is Taking Place (3) Westfield Area YMCA		Type of Facility (4)		APPROVED <i>[Signature]</i>				
Street Address 220 Clark Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Westfield, New Jersey 07090		Square Feet 15,000	# of Floors 1	Bldg. Age 50+				
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use: Prior (if being demolished) Recreational Center						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Avenue		Street Address 508 McBride Ave						
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-568-8708	Telephone No. 973-225-8410	License No. 01104				
Start Date (10) 08/24/2018	Scheduled Completion Date (11) 08/27/2018		Name of OSHA Monitor Itis Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 6 PM			City, State, Zip Code Union, NJ 07063					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 5 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) BLDG 1	Is Location Normally Used Solely by Maintenance/Custodial?		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Under Pool Area		X	Elbow Fitting Insulation	10 (ea)	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 08/24/2018		City, State Morrisville, PA				
Completed by Adriane Olejarova		Title President		Signature <i>[Signature]</i>		Date 08/24/2018		

Aug. 22. 2018 11:21 AM ACADEMY CONSTRUCTION INC 97323242.3

PAGE. 2 / 4

PAID

State of New Jersey
NOTIFICATION OF-ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)



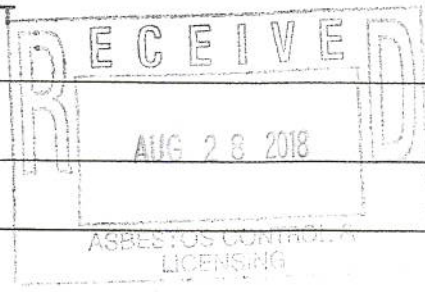
Date of Notification (1) <u>08</u> / <u>22</u> / <u>18</u>		Name of Building Owner/Operator (2) PDI Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Chestnut Ridge Rd. City, State, Zip Code Woodcliff Lake, NJ 07677							
		Name of Contact William Cavazzini	Telephone Number 845-792-5086						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PDI Corporate Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substantial (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 400 Chestnut Ridge Rd.		Square Feet 50,000	# of Floors 3						
City (5) Woodcliff Lake		Bldg. Age 50 yrs							
County (6) Bergen		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Group LLC		ASCM No. Academy Construction Inc.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address PO Box 8466		Street Address 205 Rt. 46 West Side 14							
City, State, Zip Code Haledon, NJ 07538		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Fernando Villa		Telephone No. 973-418-4036	Telephone No. 973-892-4244						
Start Date (10) <u>08</u> / <u>24</u> / <u>18</u>		Scheduled Completion Date (11) <u>08</u> / <u>04</u> / <u>18</u>	License No. 01155						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor Same as above							
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 250 sf or 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment w/ 1 Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Enclosed ("") w/ 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
Upper Level Northwest Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1,800sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Level Corridor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	25sf	<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 Academy Construction Inc.		NJ DEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) John Golecki		Time PM	Signature <i>[Signature]</i>			Date 08/22/18			

ASB-41
JAN 13

* Do not use this form for asbestos licensing exempted activity.

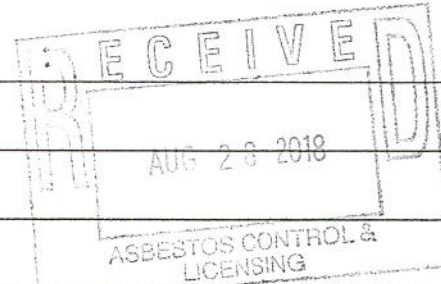
WORK

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



Date of Notification (1) <u>08</u> / <u>22</u> / <u>18</u>		Name of Building Owner/Operator (2) PDI Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Chestnut Ridge Rd.							
		City, State, Zip Code Woodcliff Lake, NJ 07677							
		Name of Contact William Cavazzini	Telephone Number 845-792-5086						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PDI Corporate Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 400 Chestnut Ridge Rd.		Square Feet 50,000	# of Floors 3						
City (5) Woodcliff Lake		Bldg. Age 50 yrs							
County (6) Bergen	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Group LLC		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address PO Box 8466		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code Haledon, NJ 07538		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Fernando Villa		Telephone No. 973-418-4036	License No. 01155						
Start Date (10) <u>08</u> / <u>24</u> / <u>18</u>	Scheduled Completion Date (11) <u>09</u> / <u>04</u> / <u>18</u>		Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Upper Level Northwest Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1,800sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lower Level Corridor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	25sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) John Geleski		Title PM		Signature 			Date 08/22/18		

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



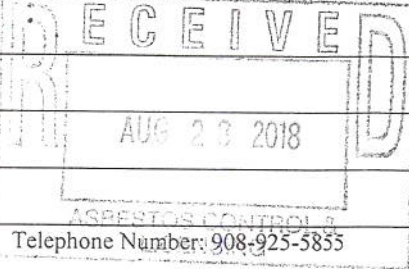
Date of Notification (1) 08-10-18		Name of Building Owner/Operator (2) DRC Development Corp							
Agencies Notified	Type Notification	Street Address 1213 Anderson Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07650							
		Name of Contact Mun Cha Kin	Telephone Number (201) 224-7900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Palisades Park		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 08-13-18	Scheduled Completion Date (11) 08-18-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
All Floors		x		Wall Plaster	3700 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 08-17-18	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 08-10-18			

CK1690

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

CK# 1690

PAID



Date of Notification (1): 8/20/18		Name of Building Owner/Operator (2): SAVE-A-LOT							
Agencies Notified	Type Notification	Street Address: 1303 NORTH BROAD STREET.							
(X) EPA	() Initial Notification	City, State, Zip Code: HILLSIDE, NJ 07205							
(X) DEP	() Amendment Notification	Name of Contact: MR. CARLO FRASSETTI							
(X) DOL	(X) Emergency	Telephone Number: 908-925-5855							
(X) DOH	() Cancellation								
() DCA									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): COMMERCIAL		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)							
Street Address: 1303 NORTH BROAD STREET									
City & State (5): HILLSIDE, NJ		Square Feet: NA	# of Floors: 1 Bldg. Age: NA						
County (6): UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT							
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA	Name of Abatement Contractor (9): JLs Group, Inc.						
Street Address: 71 ARCH STREET		Street Address: 25-11 95 th Street							
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: East Elmhurst, NY 11369							
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	Telephone No.: (877) 230-1080 License No.: 01368						
Start Date (10): 8/23/18	Scheduled Completion Date (11): 9/30/18	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538							
Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation () Demolition (X) Full Containment with Negative Pressure () Mini Enclosure () Glovebag Procedure (X) 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	Encapsulat	Enclosure
GROUND FLOOR		X		FLOOR TILES / MASTIC	17,000 SF	X			
Name of Registered Waste Hauler: ROVIC TRANSPORT		NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 40	Name of Registered landfill: GRAND CENTRAL					
City, State: WAYNE, NJ		Disposal Date: 9/30/18		City, State: PENARGUIL, PA					
Completed By: EVA CUPIT		Title: MANAGER	Signature: <i>Eva Cupit</i>		Date: 8/20/18				

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

PAID

Pg. 1
Ck # 1800

Date of Notification (1) 8/25/18		Name of Building Owner/Operator (2) Claremont Construction Group Inc							
Agencies Notified	Type Notification	Street Address 49 Route 202							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Far Hills, NJ 07931							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Property Scheduled for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 142 Kinderkamack Rd		Square Feet 2000	# of Floors 2						
City (5) Park Ridge		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 9/3/18	Scheduled Completion Date (11) 9/30/18	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>Abandoned Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding	2,640 SF	x			
Roof			x	Asphalt Roofing Materials	1,960 SF	x			
Basement			x	Pipe Insulation	107 LF	x			
Basement			x	9x9 VAT	300 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Girovic		Title Secretary	Signature E. Girovic			Date 8/25/18			

Additional ACM Materials
on next page →

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Print Form

P&J

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

Date of Notification (1)		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)	Square Feet	# of Floors	Bldg. Age						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10)		Scheduled Completion Date (11)	License No. 01255						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Harmony Contracting Inc							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			x	Floor Tile	792 SF	x			
1st Floor Landing to Basement			x	9x9 VAT	9 SF	x			
2nd Floor Bed Room Closet			x	9x9 VAT	8 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary	Signature			Date			

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

Date of Notification (1) 8/24/2018		Name of Building Owner/Operator (2) Mark Hatten		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 23 2018 </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ, 07042		
		Name of Contact Mark Hatten	Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mark Hatten			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 9-2-18 Month Day Year		Sched. Completion Date (11) 9-4-18 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>			Street Address		
			City, State, Zip Code		

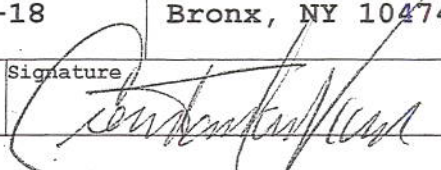
Scope of Work (Check all that apply)

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

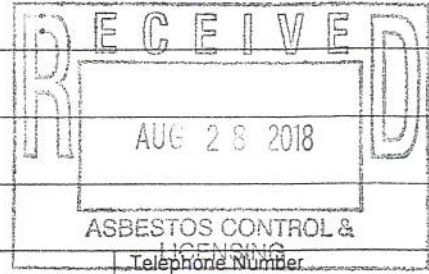
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	19 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri-State	
City, State Montclair, NJ 07042		Disposal Date 9-5-18	City, State Bronx, NY 10474		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/24/2018		

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

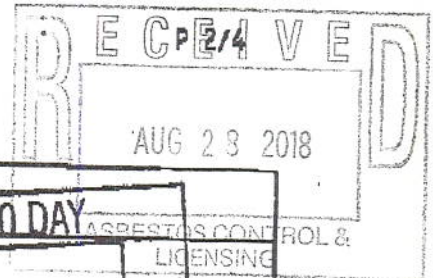


Date of Notification (1) 8-20-2018		Name of Building Owner/Operator (2) 262-266 New York Avenue, LLC							
Agencies Notified	Type Notification	Street Address 615 Jersey Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Mike Ferraro							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 262-266 New York Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ 07307		Square Feet 6525	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 75+						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 8-21-2018	Scheduled Completion Date (11) 8-24-2018	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 Material	2050 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S North Landfill					
City, State Jersey City, NJ			Disposal Date 8-24-2018	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 8-20-2018			

2018-08-24 13:55

Shade Environmental 1 >> 609 633 0664

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:15)



Date of Notification (1) 08 / 24 / 18		Name of Building Owner/Operator (2) Triple C Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-B)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 Armory Road		City, State, Zip Code Centro, AL 35950	
Name of Contact Jay Machleit		Telephone Number 256-837-1500	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Red Eagle Tavern Street Address 1503 West Chapel Avenue City (5) Cherry Hill County (5) Camden County Code (7) (STATE USE ONLY)			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet 10,000 # of Floors 2 Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections Street Address PO Box 11645 City, State, Zip Code Philadelphia, PA 19116 Project Manager for Monitoring Firm Jason Dux Telephone No. 267-724-4893		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00642	
Start Date (10) 08 / 28 / 18 Scheduled Completion Date (11) 08 / 31 / 18		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedures			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure		Exterior <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Freshhold Cartage City, State Freshhold, NJ		NJDEP Waste Hauler ID No. 15939 Cubic Yards of Waste 1 Disposal Date 08/31/2018 Name of Registered Landfill Fairless Landfill City, State Morristown, PA	
Completed By (Print or Type) Christina Lynch Title Vice President of Operations Signature [Signature] Date 8/24/18			

 A88-41
 JAN 13

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

CK# 4605

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

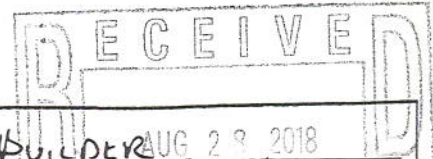
RECEIVED

Date of Notification (1) <u>8-24-18</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION 2018</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>					
Name of Contact <u>KRANIC</u>		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>					
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>					
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>9-20-18</u>		License No. <u>01371</u>					
Scheduled Completion Date (11) <u>9-30-18</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code					
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>		<u>TRAW SITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>				
City, State <u>MAPLE SHADE N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-24-18</u>				

CK# 4605

PAID

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



Date of Notification (1) <u>8-24-18</u>		Name of Building Owner/Operator (2) <u>TOM WELSH BUILDER</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 POMONA AVE</u>	
		City, State, Zip Code <u>HADDONFIELD N.J. 08033</u>	
		Name of Contact <u>TOM</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>SEA ISLE CITY</u>		Bldg. Age <u>50 +</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>9-12-18</u>	Scheduled Completion Date (11) <u>9-20-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
	Amount (Specify SF or LF) <u>2750 SF</u>		
		Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.U.A</u>
			City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-24-18</u>

CHK 4605

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

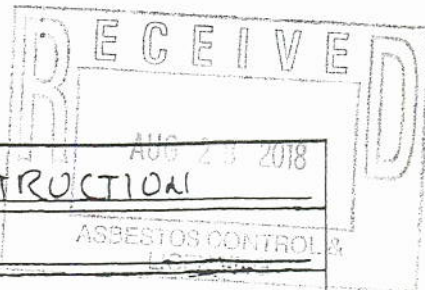
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AUG 22 2018

Date of Notification (1) <u>8-24-18</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>				
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>				
		Name of Contact <u>BRUCE</u>	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]						
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
Street Address _____		Street Address <u>369 S SPRUCE AVE</u>				
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>			
Start Date (10) <u>9-9-18</u>	Scheduled Completion Date (11) <u>9-19-18</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____				
		City, State, Zip Code _____				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000 SF</u>	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>		
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>WOODBINE</u>			
Completed By <u>MICHAEL KLOMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-24-18</u>			

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

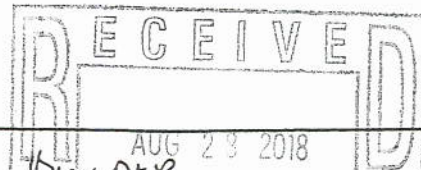


Date of Notification (1) 8-24-18		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 300 77TH ST.		City, State, Zip Code SEA ISLE CITY N.J. 08243					
Name of Contact FRANIC		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1500					
City (5) VENTNOR CITY		# of Floors 1					
County (6) ATLANTIC		Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) KLEMMCO INC					
City, State, Zip Code		Street Address 369 S. SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052					
Telephone No.		Telephone No. 856-779-0472					
Start Date (10) 9-28-18		License No. 01371					
Scheduled Completion Date (11) 10-8-18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code					
Full Containment with Negative Pressure Mini-Enclosure 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) 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) 2750	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE	2750	X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 YDS	Name of Registered Landfill LACVA			
City, State MAPLE SHADE N.J. 08052		Disposal Date		City, State PUEBLO N.J.			
Completed By MICHAEL KLEMM		Title SUP.	Signature <i>[Signature]</i>		Date 8-24-18		

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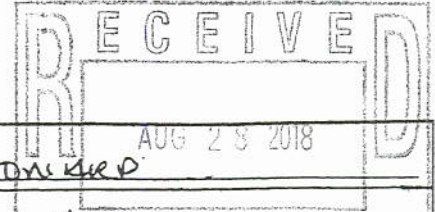
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8-24-18		Name of Building Owner/Operator (2) TOM WELSH BUILDER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 661 POMONA AVE	
		City, State, Zip Code HADDONFIELD N.J. 08033	
		Name of Contact TOM	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) AVAILON	Square Feet 1000	# of Floors 1	Bldg. Age 50 +
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 1371
Start Date (10) 9-4-18	Scheduled Completion Date (11) 9-12-18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	
SIDING		X	TRANSITE
			1750 SF
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Name of Registered Landfill C.M.C.M.U.A	
		Disposal Date	City, State WOODBINE
Completed By MICHAEL KLEMM	Title SUP.	Signature [Signature]	Date 8-24-18

CK 4603

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



Date of Notification (1) <u>8-24-18</u>		Name of Building Owner/Operator (2) <u>HALLIDAY & LODGE</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN</u>	
		City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>	
		Name of Contact <u>SAUE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>OCEAN CITY</u>	Square Feet <u>1000</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01374</u>
Start Date (10) <u>9-7-18</u>	Scheduled Completion Date (11) <u>9-15-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-24-18</u>

CK# 4604

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

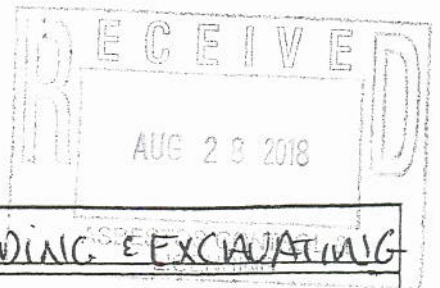
RECEIVED
AUG 28 2018

Date of Notification (1) 8-24-18		Name of Building Owner/Operator (2) HARBAGH DEVELOPERS					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 318 GLASSBORO RD					
		City, State, Zip Code WOODBURY HEIGHTS N.J 08097					
		Name of Contact SAME	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) AVACON	Square Feet 1500	# of Floors 2	Bldg. Age 50+				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856 779-0472	License No. 01371				
Start Date (10) 9-8-18	Scheduled Completion Date (11) 9-18-18	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2750SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE	2750SF	X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 yds	Name of Registered Landfill C. M. C. M. U. A			
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM	Title SUPER	Signature M. KLEMM	Date 8-24-18				

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



Date of Notification (1) <u>8-24-18</u>		Name of Building Owner/Operator (2) <u>BUDDS GRADING & EXCAVATING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>109 FOLLINGWILL RD</u>				
		City, State, Zip Code <u>VILLAS N.J. 08251</u>				
		Name of Contact <u>Ben</u>	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]						
City (5) <u>VILLAS</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
Street Address		Street Address <u>369 S. SPRUCE AVE</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>			
Start Date (10) <u>9-8-18</u>	Scheduled Completion Date (11) <u>9-18-18</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1250 SF</u>	Abatement Type		
				Removal	Repair	Encapsulate
<u>SIDING</u>		<u>TRANSITE</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C. M. C. M. U. A.</u>		
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>8-24-18</u>			

CK#4604

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

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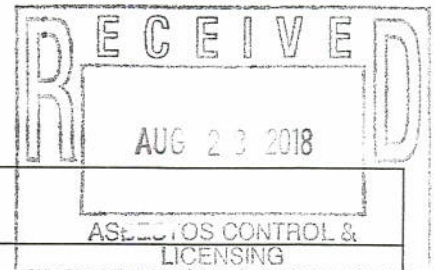
AUG 28 2018

Date of Notification (1) 8-24-18		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION CONTROL & MAINT					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77TH ST.					
		City, State, Zip Code SEA ISLE CITY N.J. 08243					
		Name of Contact FRANIC	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) OCEAN CITY	Square Feet 1500	# of Floors 1	Bldg. Age 50+				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 01371				
Start Date (10) 9-8-18	Scheduled Completion Date (11) 9-18-18	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		TIRAN SITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.A.				
City, State MAPLE SHADE N.J 08052	Disposal Date	City, State WOODBINE N.J.					
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 8-24-18				

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



Date of Notification (1) 8 / 27 / 2018		Name of Building Owner/Operator (2) Chevron							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1877 Absecon Boulevard							
		City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Ed Edwards	Telephone Number 315-254-8520						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chevron Site 211699		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1877 Absecon Boulevard		Square Feet N/A	# of Floors 0						
City (5) Atlantic City, NJ 08401		Bldg. Age N/A							
County (6) Atlantic County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Facility-former bldg slab							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis	ASCM No. 141	Name of Abatement Contractor (9) Abscope Environmental, Inc.							
Street Address 10 Friends Lane		Street Address 10521A Industrial Park Rd							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code White Marsh, MD 21162							
Project Manager for Monitoring Firm David Hilinski	Telephone No. 267-685-1711	Telephone No. 410-796-7200	License No. 01194						
Start Date (10) 9 / 10 / 2018	Scheduled Completion Date (11) 9 / 21 / 2018	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
south corner of former building slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"x12" VAT and Mastic	550SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
center of former building slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x9" VAT and Mastic	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center and west of former bldg slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9"x9" Black VAT and Mastic	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West side of former building slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brown Vapor Barrier Material	250SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Clean Harbors		NJDEP Waste Hauler ID No. 16666	Cubic Yards of Waste	Name of Registered Landfill Clean Harbors Lone Mountain, LLC					
City, State Po Box 9149			Disposal Date	City, State 40355 S. County Road 236 Waynoka, OK 73860					
Completed By (Print or Type) Jason Haller		Title VP Mid Atl	Signature 			Date 8/27/2018			