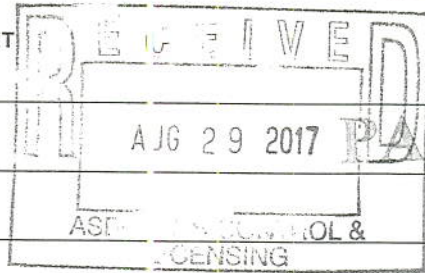


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/23/2017 Check # 3054		Name of Building Owner/Operator (2) All Saints Catholic Academy		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 29 2017 DEPT. OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & CENSING </div>					
Agencies Notified	Type Notification	Street Address 19 West 13th Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input 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 Bayonne, NJ 07002							
		Name of Contact Sister Rita Marie Fritzen							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) All Saints Catholic Academy-Basement				Type of Facility (4)					
Street Address 19 W 13th Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bayone, NJ				Square Feet 40,000	# of Floors 3				
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior to being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074					
Start Date (10) 8/24/17		Scheduled Completion Date (11) 8/25/17		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 1 PM				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> 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-KinderGarden Room		x		Pop corn Ceiling	12 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tba	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY				Disposal Date tba	City, State Waynesburg, OH				
Completed by Gina M Betances		Title Office Manager		Signature 		Date 8/23/17			


PAID

ASB-41

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

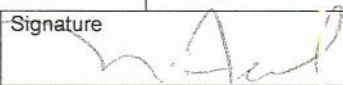
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

PAID

Date of Notification (1) 08 / 25 / 17		Name of Building Owner/Operator (2) D & A Demo, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 25 2017 ASBESTOS </div>					
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 2156 Camplain Road			
		City, State, Zip Code Hillsborough, NJ 08844				Name of Contact Antonio Dimuzio			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 39 Route 206 North				Square Feet 3000 sf					
City (5) Somerville				# of Floors 1					
County (6) Somerset				Bldg. Age 70					
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Rte. 9, Unit 61				Street Address 1889 Route 9, Unit 61					
City, State, Zip Code Toms River, New Jersey 08755				City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm Nicholas Femicola		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 09 / 08 / 17		Scheduled Completion Date (11) 09 / 29 / 17		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos containing plaster	3400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mastic	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	3550 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 30		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey				Disposal Date 10/2/17		City, State Tullytown, Pennsylvania			
Completed By (Print or Type) Nicholas Femicola		Title Project Manager		Signature 		Date 8/25/17			

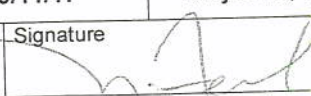
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

PAID

Date of Notification (1) <div style="text-align: center;">08 / 25 / 17</div>		Name of Building Owner/Operator (2) Five Star Services							
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 2 Coles Way							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Yehuda Braun							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2500 sf							
City (5) Lakewood		# of Floors 1							
County (6) Ocean		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) <div style="text-align: center;">09 / 05 / 17</div>		License No. 00624							
Scheduled Completion Date (11) <div style="text-align: center;">09 / 07 / 17</div>		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
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-Fixable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 09/08/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/25/17			

PAID

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

Date of Notification (1) 08 / 25 / 17		Name of Building Owner/Operator (2) John Mulholland		32546	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 29 2017 </div>	
		City, State, Zip Code Little Egg Harbor, NJ 08087			
		Name of Contact John Mulholland		Telephone Number 717	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) ASBESTOS CONTROL & LICENSING <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 <div style="background-color: black; width: 100px; height: 15px;"></div>			Square Feet 1500 sf		
City (5) Little Egg Harbor			# of Floors 1		Bldg. Age 65
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932	
Start Date (10) 09 / 07 / 17		Scheduled Completion Date (11) 09 / 08 / 17		License No. 00624	
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			Name of OSHA Monitor E.M.S.L. Analytical		
Street Address 1056 Stelton			City, State, Zip Code Piscataway, New Jersey 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 sf
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 09/11/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 	Date 8/25/17

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

Date of Notification (1) 8/25/2017		Name of Building Owner/Operator (2) Edward Symons	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ, 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Edward Symons	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	PAID RECEIVED AUG 29 2017 CONTROL & NG	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Edward Symons			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Verona	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 Montclair, NJ 07042	
City, State, Zip Code		Telephone Number (973) 744-8800		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 09- 03- 17		Sched. Completion Date (11) 09- 06- 17		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
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>					

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
☒ Glove-bag Procedure
☐ Non-Friable Procedure

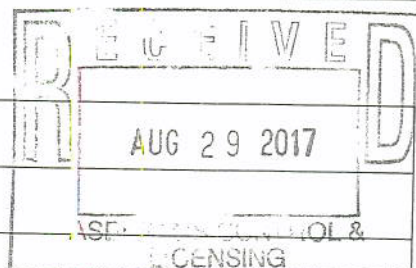
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	2.5 LF	X				
				Wash & Clean piping	1.5 LF					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 0.5		Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 09/07/17		City, State Waynesburg, Ohio 44688			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 8/25/2017	

PAID

Print Form

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

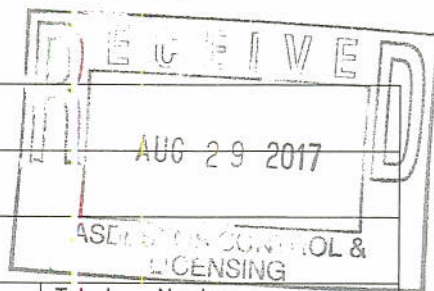


Date of Notification (1) 8/25/2017		Name of Building Owner/Operator (2) BRIAD WENCO							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code LIVINGSTON, NJ 07039							
Name of Contact RICHARD YUROVCHAK									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 820 US HIGHWAY ROUTE 1		Square Feet	# of Floors						
City (5) WOODBIDGE		Bldg. Age							
County (6) MIDDLESEX		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) PARTNER ENGINEERING AND SCIENCE, INC		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 362 FIFTH AVENUE, STE. 501		Street Address 11 VREELAND AVENUE							
City, State, Zip Code NEW YORK, NY 10001		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm LISA SAUER		Telephone No. 646-329-7943	Telephone No. 973-956-8700						
Start Date (10) 9/5/2017		Scheduled Completion Date (11) 9/8/2017	License No. 00494						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		Name of OSHA Monitor SAME AS (9) ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify Sq. or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF FLASHING	120 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 9/8/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 8/25/2017	

PAID

Print Form

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



Date of Notification (1) 8/25/2017		Name of Building Owner/Operator (2) UNION CITY PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 3912 BERGEN TURNPIKE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION CITY, NJ 07087							
		Name of Contact JUSTIN MERCADO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WASHINGTON ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3905 NEW YORK AVENUE		Square Feet	# of Floors						
City (5) UNION CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RJB ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 56 EAST BRIDGE STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MORRISVILLE, PA 19067		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm RICK BEACH		Telephone No. 267-991-9212	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 9/5/2017	Scheduled Completion Date (11) 9/13/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3:30 PM - 12:00 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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 S ² or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TANKER STORAGE ROOM	X			CLEAN UP OF THERMAL					
				SYSTEM INSULATION/					
				INSULATION/DEBRIS/					
				CONTAMINATED DEBRIS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 30	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 9/13/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 8/25/2017					

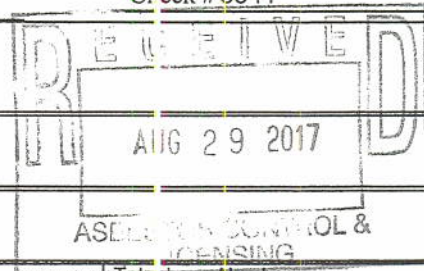
B & G proj. #: 2017-116

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

*** EMERGENCY ***

Check #8541

Date of Notification (1) 10/8/12/4/11/7		Name of Building Owner/Operator (2) Monmouth University	
Agencies Notified	Type Notification	Street Address 400 Cedar Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code West Long Branch, NJ 07764	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Tim Orr	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Monmouth University - Cedar Hall			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 400 Cedar Avenue			Square Feet # of Floors Bldg. Age		
City (5) West Long Branch	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) non-Sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address PO Box # 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 08/26/2017		Sched. Completion Date (11) 08/27/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
rear hallway			X	texture ACM paint	10 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 08/28/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature 4 Gordana Luna	Date 08/24/2017

B & G proj. #: 2017-116

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

Check # 8541

Date of Notification (1)

08/24/2017

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Monmouth University

Street Address

400 Cedar Avenue

City, State, Zip Code

West Long Branch, NJ 07764

Name of Contact

Tim Orr

Telephone Number

AUG 29 2017

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Monmouth University - Cedar Hall

Street Address

400 Cedar Avenue

City (5)

West Long Branch

County (6)

Monmouth

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K-12)☐ Subchapter S (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior to being demolished)
non-Sub S

Name of Monitoring Firm Hired by Bldg. Owner (8)

AHERA Consultants, Inc.

A9CM No.

0057

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Street Address

PO Box # 386

City, State, Zip Code

Oceanville, NJ 08231-0385

Project Manager for Monitoring Firm

John Smoyer

Phone Number

609-662-1833

Scheduled Start Date (10)

08/28/2017

Sched. Completion Date (11)

08/27/2017

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:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Mini-enclosure☐ Wrap & cut☐ Glovebag procedure☐ Non-feasible procedure

Location of asbestos-containing material 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)

texture ACM paint

Amount (Specify SF or LF)

10 sf

R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

rear hallway

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

08/28/2017

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

4

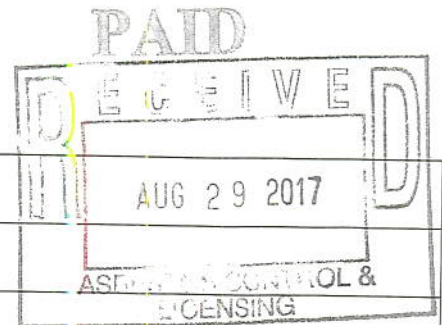
Gordana Luna

Date

08/24/2017

CK# 6914

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



Date of Notification (1) August 25, 2017		Job #: 9670.01		Name of Building Owner/Operator (2) Delaware River Port Authority					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Port Center City, State, Zip Code Camden, NJ 08101 Name of Contact Robert Traver, PATCO Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PATCO Lindenwold Station - Train Car Abatement				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 801 Berlin Road N.				Square Feet 50,000					
City (5) Lindenwold				# of Floors 1					
County (6) Camden				Bldg. Age 50					
County Code (7) (STATE USE ONLY)				Current Use (prior if being demolished) Public transit					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No. 178		Name of Contractor (9) Prime Group Remediation, Inc.					
Street Address 400 Street Road		City, State, Zip Code Bensalem, PA 19020		Street Address 1400 Adams Road, Suite I, P.O. Box 6					
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300 Ext. 26		Telephone Number 215-533-3503					
Scheduled Start Date (10) September 15, 2017		Scheduled Completion (11) September 15, 2018		License Number 01858					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Criterion Labs					
				Street Address 400 Street Road					
				City, State, Zip Code Bensalem, PA 19020					
Source of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Train Undercar (38 Trains)	x			1 SF per Train	X				
Name of Reg. Waste Hauler Prime Group Remediation Inc.		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 1		Name of Reg. Landfill Western Berk Community Landfill			
City, State Bensalem, PA 19020		Disposal Date 09/15/2017		City, State Birdsboro, PA 19608					
Completed by Vincent Primavera	Title Project Manager			Signature 		Date August 25, 2017			

ASB-41

*Do not use this form for asbestos licensure exempted activities

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

Operator Project #		NOTIFICATION OF DEMOLITION AND RENOVATION		Date Received	
		Postmark		Notification	
				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 29 2017 ASBESTOS CONTROL & LICENSING </div>	
I. TYPE OF NOTIFICATION (O-Original / R= Revised): O - Original					
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)					
OWNER: Delaware River Port Authority					
Address: One Port Center					
City: Camden		State: NJ		Zip: 08101	
Contact: Robert Traver, PATCO				Tel: 856-772-6906	
REMOVAL CONTRACTOR: Prime Group Remediation, Inc. (NJ DOL# 00858)					
Address: 1400 Adams Road, Suite I, P.O. Box 6					
City: Bensalem		State: PA		Zip: 19020	
Contact: Vincent Primavera				Tel: 215-533-3503	
OTHER OPERATOR: There is no other operator.					
Address:					
City:		State:		Zip:	
Contact:				Tel:	
III. TYPE OF OPERATION (D = Demolition / R – Renovation): R - Renovation					
IV. IS ASBESTOS PRESENT? (Yes/No): Yes					
V. FACILITY DESCRIPTION (include building name, number and floor or room number):					
Building Name: PATCO Lindenwold Station - Train Undercar Abatement					
Address: 801 Berlin Road N.					
Address:					
City: Lindenwold		State: NJ		County: Camden	
Site Location: Train Undercar					
Building Size: n/a	SqMeter:	SqFt: 50,000	# of Floors: 1	Age in Years: 50	
Present Use: Maintenance Facility			Prior Use: Maintenance Facility		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Polarized light microscopy (PLM) analysis of suspect materials by a building inspector.					
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:					
	RACM to be Removed		Non-friable Asbestos Material Not to be removed		
			Category I	Category II	
Pipes – Linear Feet					
Pipes – Linear Meters					
Surface Area – Square Feet 1 SF per Train/ 2 Trains per Shift. 38 Trains = 38 SF total.		X			
Surface Area – Square Meters					
Volume RACM off Facility Component – Cubic Feet					
Volume RACM off Facility Component – Cubic Meters					
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)					
		Start: 09/15/2017		Completion: 09/15/2018	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)					
		Start: n/a		Completion: n/a	

Federal Notification

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Asbestos Abatement of ACM Undercar Pads. Each train car has one (1) ACM Pad which is approximately 1SF. The Pad will be tented and bagged with negative air machine running inside the tent. There are 38 train cars that need abatement, but only two (2) train cars will be abated per shift, as they become available to us per the owner's schedule.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prime Group intends to follow all Federal and State of New Jersey Asbestos Regulations and Code in reference to all major and minor asbestos abatement work.

XII. WASTE TRANSPORTER #1

Name:

Prime Group Remediation, Inc.

Address:

1400 Adams Road, Suite I, P.O. Box 6

City:

Bensalem

State:

PA

Contact:

Vincent Primavera

Zip:

19020

Tel:

215-533-3503

WASTE TRANSPORTER #2

Name:

David Geppert Recycling

Address:

2692 Woodstream Drive

City:

Hatfield

State:

PA

Contact:

Joe Rispo

Zip:

19440

Tel:

215-842-0122

XIII. WASTE DISPOSAL SITE

Name:

Western Berk Community Landfill

Address:

455 Poplar Neck Road

City:

Birdsboro

State:

PA

Tel:

610-375-2772

Zip:

19608

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

This is not an "Ordered Demolition."

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

This is not an "Emergency Renovation."

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

The work will stop. The affected area will be isolated using plastic and caution signs. The materials will be adequately wetted. The area will be cleaned using HEPA vacuuming and wet wiping techniques. Air monitoring for re-occupancy, if required, will be performed.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

Vincent Primavera, Project Manager

08/25/17

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

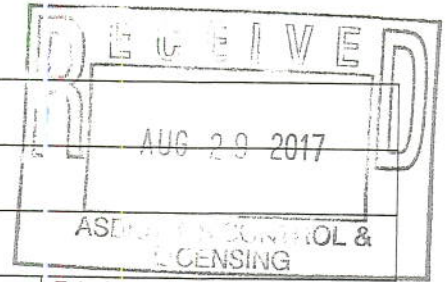
Vincent Primavera, Project Manager

08/25/17

Date

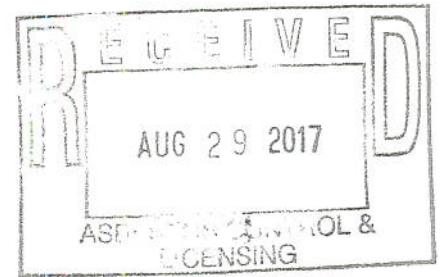
Federal Notification

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

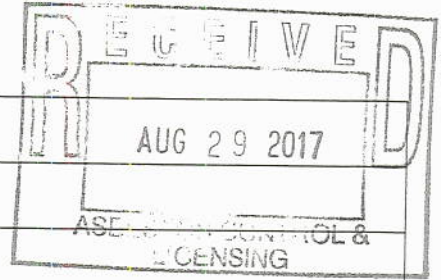


Date of Notification (1) 08/24/2017		Name of Building Owner/Operator (2) Township of Pittsgrove							
Agencies Notified	Type Notification	Street Address 989 Centerton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318							
		Name of Contact Constance Garton							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Silo's)		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 1237 Landis Avenue		Square Feet ~ 1,000	# of Floors 1						
City (5) Pittsgrove		Bldg. Age 60+							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Former Grain Mill							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332						
License No. 00836									
Start Date (10) 08/09/2017	Scheduled Completion Date (11) 09/15/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet			X	See Attached	See Attached	X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 07903	Cubic Yards of Waste ~ 200	Name of Registered Landfill Salem County Improvement Authority					
City, State Elmer, NJ		Disposal Date 08/09/2017		City, State Alloway, NJ					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 08/24/2017		

Silo's Rev. 02

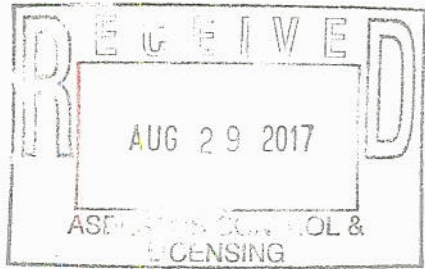
[illegible]

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



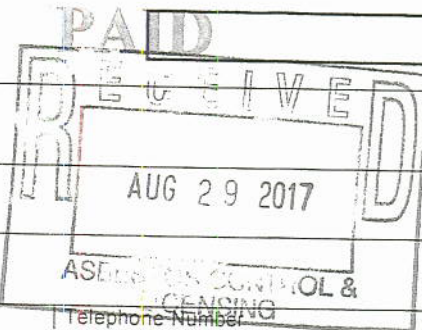
Date of Notification (1) 08/24/2017		Name of Building Owner/Operator (2) Township of Pittsgrove							
Agencies Notified	Type Notification	Street Address 989 Centerton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318							
		Name of Contact Constance Garton							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 2)		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 1237 Landis Avenue		Square Feet ~ 2,200	# of Floors 1						
City (5) Pittsgrove		Bldg. Age 60+							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Grain Mill							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 610 933-4332						
Start Date (10) 08/09/2017		Scheduled Completion Date (11) 09/15/2017	License No. 00836						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Neuber Environmental Services, Inc.							
		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet			X	See Attached	See Attached	X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 07903	Cubic Yards of Waste ~ 60	Name of Registered Landfill Salem County Improvement Authority					
City, State Elmer, NJ			Disposal Date 08/09/2017	City, State Alloway, NJ					
Completed by Patrick Larney		Title Project Manager	Signature 	Date 08/24/2017					

Pittsgrove Grain Mill ACM Building 2, Rev 02

[illegible]

MO#24499206292

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



Date of Notification (1) 08 / 26 / 17		Name of Building Owner/Operator (2) Diane Loffredo							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Glen Rock, NJ 07452							
Name of Contact Diane Loffredo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Glen Rock, NJ 07452		County Code (7) (STATE USE ONLY) Bergen							
County (6)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. License No.							
973-638-1777		01127							
Start Date (10) 09 / 05 / 17		Scheduled Completion Date (11) 09 / 06 / 17							
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
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		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite ceiling board	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/26/17			

ASB-41

MAY 11

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

PAID

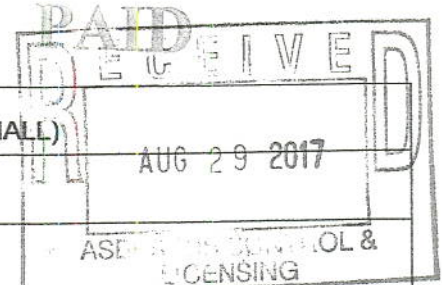
Print Form

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



Date of Notification (1) 8/25/17		Name of Building Owner/Operator (2) Donna Rinaldo, Esq.							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville NJ 08876							
		Name of Contact Donna							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Plainfield		Square Feet 2100	# of Floors 2						
County (6) Union		Bldg. Age 65							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) single family home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/6/17	Scheduled Completion Date (11) 9/30/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	102 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/25/17			

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

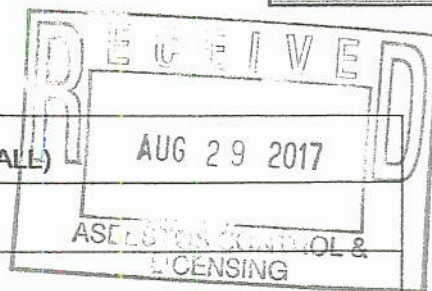


Date of Notification (1) 08/25/2017		Name of Building Owner/Operator (2) MONTCLAIR ST. UNIVERSITY (LIFE HALL)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 NORMAL AVE.							
		City, State, Zip Code MONTCLAIR NJ. 07043							
		Name of Contact WILSON ROBLES							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 NORMAL AVE. (Life Hall) - (1241-1242)		Square Feet 15,000	# of Floors 2						
City (5) MONTCLAIR NJ.		Bldg. Age 38							
County (6) ESSEX COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC.		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address 300 GRAND AVE.		Street Address 1126 51. ST.							
City, State, Zip Code ENGLEWOOD NJ. 07631		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. 201.589.6708	Telephone No. 201.776.0642						
		License No. 01300							
Start Date (10) 08/29/2017	Scheduled Completion Date (11) 08/30/2017	Name of OSHA Monitor DETAIL ASSOCIATES INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 300 GRAND AVE.							
		City, State, Zip Code ENGLEWOOD NJ. 07631							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Life Hall (1241- 1242)		X		Pipe Insulation	56 LF	X			
Only one tent for this work area									
Name of Registered Waste Hauler TRI STATE ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX N.Y			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVIA		Title SAFETY MANAGER	Signature 			Date 08/25/2017			

PAID

FIRM FORM

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



Date of Notification (1) 08/25/2017		Name of Building Owner/Operator (2) MONTCLAIR ST. UNIVERSITY (LIFE HALL)	
Agencies Notified	Type Notification	Street Address 1 NORMAL AVE.	
<input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MONTCLAIR NJ. 07043	
		Name of Contact WILSON ROBLES	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 1 NORMAL AVE. (Life hall) 1241-1242		<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) MONTCLAIR NJ.	Square Feet 15,000	# of Floors 2	Bldg. Age 38
County (6) ESSEX COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC.		ASCM No.	
Street Address 300 GRAND AVE.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
City, State, Zip Code ENGLEWOOD NJ. 07631		Street Address 1126 51. ST.	
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		City, State, Zip Code NORTH BERGEN NJ. 07047	
Telephone No. 201.589.6708		Telephone No. 201.776.0642	License No. 01300
Start Date (10) 08/29/2017	Scheduled Completion Date (11) 08/30/2017	Name of OSHA Monitor DETAIL ASSOCIATES INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 300 GRAND AVE.	
<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 ENGLEWOOD NJ. 07631	

Scope of Work (Check All That Apply)

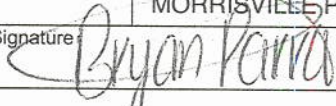
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Life Hall (1241- 1242)		x		Pipe Insulation	56 LF	x			
Only one tent for this work area									

Name of Registered Waste Hauler TRI STATE ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.	
City, State BRONX N.Y		Disposal Date TBD	City, State WAYNESBURG OHIO		
Completed by CARLOS ESCOBAR		Title SAFETY MANAGER	Signature 	Date 08/25/2017	

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

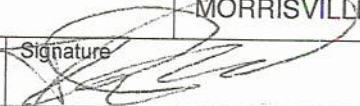
PAID

Date of Notification (1) 08/25/17		Name of Building Owner/Operator (2) Bloomfield Township Department of Health & Human Services							
Agencies Notified	Type Notification	Street Address 348 Franklin St,							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact	Telephone Number						
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 29 2017 ASBESTOS CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bloomfield Township Department of Health & Human Services		Type of Facility (4)							
Street Address 348 Franklin St,		<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) Bloomfield		Square Feet	# of Floors						
County (6) Essex County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement Services & Solutions						
Street Address		Street Address 8600 Newkirk Ave							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-293-6305						
Start Date (10) 09/06/17		Scheduled Completion Date (11) 09/20/17	License No. 01223						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HILMAMM CONSULTING LLC							
<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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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				TSI	90 LF				
Name of Registered Waste Hauler Pro Abatement Services & Solutions		NJDEP Waste Hauler ID No. 18322	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State North Bergen, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 08/25/17					

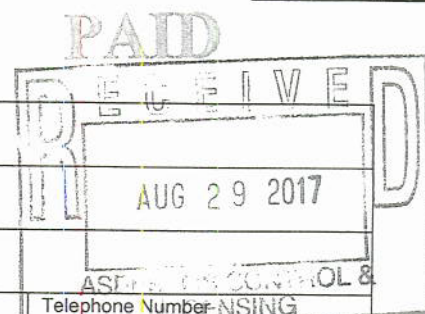
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

MO # 24438730041

Date of Notification (1) 08/11/17		Name of Building Owner/Operator (2) Dan House		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 29 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input 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 Cranford, NJ 07016 Name of Contact _____							
FACILITY INFORMATION				Telephone Number, OL & LICENSING					
Name of Facility Where Abatement is Taking Place (3) Dan House				Type of Facility (4)					
Street Address [REDACTED]				<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) Cranford				Square Feet	# of Floors				
County (6) Union County				County Code (7) (STATE USE ONLY) _____	Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished)					
Street Address		ASCM No.		Name of Abatement Contractor (9) Pro Abatement Services & Solutions					
City, State, Zip Code		Telephone No.		Street Address 8600 Newkirk Ave					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code North Bergen, NJ 07047					
Start Date (10) 08/14/17		Scheduled Completion Date (11) 08/28/17		Telephone No. 201-293-6305					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HILMAMM CONSULTING LLC		License No. 01223					
<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 1600 ROUTE EAST SUITE 107		City, State, Zip Code UNION NJ 07083					
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				VAT	204 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.				
City, State HILLSIDE, NJ				Disposal Date	City, State MORRISVILLE PA				
Completed by Bryan Parra		Title Project Manager		Signature 		Date 08/11/17			

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



Date of Notification (1) 08/23/17		Name of Building Owner/Operator (2) Christina Riena							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Maywood, NJ 07607							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christina Riena		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Maywood		Bldg. Age							
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement Services & Solutions						
Street Address		Street Address 8600 Newkirk Ave							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 08/26/17	Scheduled Completion Date (11) 09/09/17	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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-Frangible 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 (Laundry room)				TSI	10 LF	x			
Name of Registered Waste Hauler Pro Abatement Services & Solutions		NJDEP Waste Hauler ID No. 18322	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State North Bergen, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 08/23/17					

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

PAID

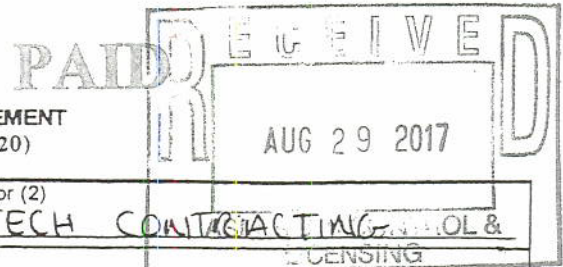
RECEIVED

AUG 29 2017

Date of Notification (1) <u>8-23-17</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</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>P.O. BOX 322</u> City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>					
		Name of Contact <u>BOB</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>BRIGANTINE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE LAKE</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>#00444</u>				
Start Date (10) <u>8-3-17</u>	Scheduled Completion Date (11) <u>9-11-17</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	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>ACUA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES</u>	Signature <u>M. KLEMM</u>	Date <u>8-23-17</u>				

OK# 4293

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

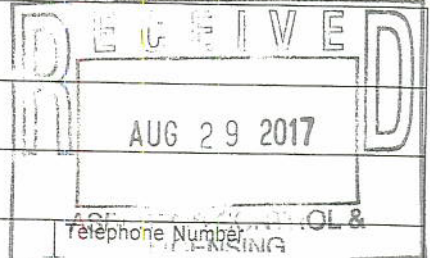


Date of Notification (1) 8-23-17		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING LLC & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT 50							
		City, State, Zip Code GREENFIELD N.J. 08230							
		Name of Contact BRUCE	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 2000	# 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		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	License No. 00444						
Start Date (10) 9-7-17	Scheduled Completion Date (11) 9-17-17	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)	Amount (Specify SF or LF) 2500 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2500 SF	X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 15904	Cubic Yards of Waste _____	Name of Registered Landfill C.M.C.M.V.A					
City, State MAPLE SHADE N.J.		Disposal Date _____	City, State WOODBINE						
Completed By MICHAEL KLEMM		Title SUP.	Signature <i>[Signature]</i>			Date 9-7-17			

Check#2859

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

PAID



Date of Notification (1) 08 / 25 / 17		Name of Building Owner/Operator (2) Diego Cruz	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Diego Cruz		Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) West Orange, NJ 07052		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 09 / 04 / 17		License No. 01127	
Scheduled Completion Date (11) 09 / 05 / 17		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Fair Lawn, NJ 07410			

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>	
ASB-41 MAY 11				Date 08/25/17	

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

08/24/2017 04:59AM 9736381778

Check#2858

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

PAID

PAGE 03/04

Date of Notification (1)

08 / 24 / 17

Name of Building Owner/Operator (2)

MariaCristina Fuentes

Street Address

City, State, Zip Code

Wayne, NJ 07470

Name of Contact

MariaCristina Fuentes

Telephone Number

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 8:23-6)

Type Notification

☒ Initial☐ Amended

Amendment #

☒ Emergency (including justification)☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Wayne, NJ 07470

County (5)

Passaic

FACILITY INFORMATION

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (6)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

08 / 25 / 17

Scheduled Completion Date (11)

08 / 26 / 17

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

 Location of
 Asbestos-Containing Material (ACM)
TO BE ABATED
 IN Facility
 (13)

 Is Location
 Normally
 Used Solely by
 Maintenance/
 Custodial Staff?
 (12)

Yes No N/A

 Description of
 Asbestos Containing Material (ACM)
 (i.e., thermal systems insulation,
 surfacing, VAT, or
 other miscellaneous)
Amount
(Specify
SIF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Basement

☐ Yes ☐ No ☒ N/A

Pipe insulation

10 LF

☒ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Completed By (Print or Type)

N.Jevtic

Title

Owner

Signature

N.Jevtic

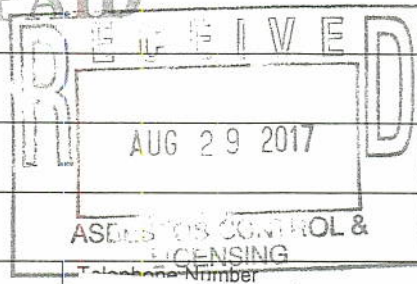
Date

08/24/17

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

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

PAID

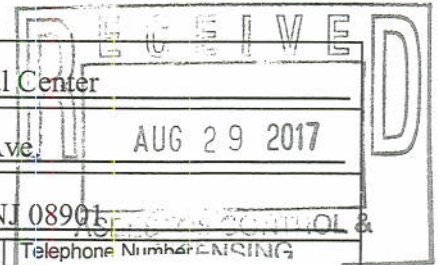


Date of Notification (1) 8/24/2017 Check # 3055		Name of Building Owner/Operator (2) Hoboken Catholic Academy							
Agencies Notified	Type Notification	Street Address 555 Seventh Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input 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 Hoboken, NJ 07030							
		Name of Contact Matt McGrath							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Catholic School-Second Floor		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 -7th Street		Square Feet 20,000	# of Floors 2						
City (5) Hoboken, NJ		Bldg. Age 50+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 8/26/17	Scheduled Completion Date (11) 8/28/17	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 <input checked="" type="checkbox"/> Other - Describe: Starting at 8 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Second Floor-Classroom 201		x		Ceiling Area	11 SF			x	
Second Floor-Classroom 209		x		Pipe Insulation	1 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tba	Name of Registered Landfill Minerva Enterprises Ic					
City, State Bronx, NY		Disposal Date tba		City, State Waynesburg, OH					
Completed by Gina M Betances		Title Office Manager	Signature 	Date 8/23/17					

PAID

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

Check # 25576



Date of Notification (1) <u>8/24/17</u>		Name of Building Owner/Operator (2) <u>St Peter's Medical Center</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>254 Easton Ave.</u> City, State, Zip Code <u>New Brunswick, NJ 08901</u>	
		Name of Contact <u>Mr. Ron Carvalho</u>	Telephone Number <u>732-839-1234</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Medical Center</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>254 Easton Ave.</u>			
City (5) <u>New Brunswick, NJ</u>		Square Feet <u>100000</u>	# of Floors <u>5</u>
County (6) <u>Middlesex</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>85 +/-</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>64 Broad Street</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Matawan, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>8/24/17</u>	Scheduled Completion Date (11) <u>8/28/17</u>		Name of OSHA Monitor <u>MECS</u>
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 <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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) <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)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Sheet Flooring</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/15/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/23/17</u>

08/23/2017 10:35AM FAX

10004/0005

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

Check # 25576

Date of Notification (1) 8/24/17		Name of Building Owner/Operator (2) St Peter's Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 254 Easton Ave.		City, State, Zip Code New Brunswick, NJ 08901							
Name of Contact Mr. Ron Carvalho		Telephone Number 732-741-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 254 Easton Ave.		Square Feet 100000							
City (5) New Brunswick, NJ		# of Floors 5							
County (6) Middlesex		Current Use (Prior to being demolished) 85-17-							
County Code (7) (STATE USE ONLY)		Bldg. Age 85-17-							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.							
Street Address 64 Broad Street		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Malawan, NJ		Street Address PO Box 322							
Project Manager for Monitoring Firm Tom Geiger		City, State, Zip Code Allentown, NJ 08501							
Telephone No. (609) 298-4070		Telephone No. (609) 259-9688							
Start Date (10) 8/24/17		License No. 00493							
Scheduled Completion Date (11) 8/28/17		Name of OSHA Monitor MECS							
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 PO Box 341							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Crosswicks, NJ 08515							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		Sheet Flooring	1000 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 5 cu		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 9/15/17		City, State Morrisville, PA					
Completed By Mahlon E. Stevens		Title Project Manager		Signature <i>[Signature]</i>		Date 8/23/17			

ABB-44
MAR 00

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