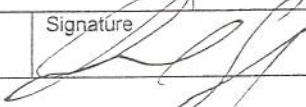


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK # 1592

Date of Notification (1) 12/7/2016		Name of Building Owner/Operator (2) Sharon English							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	[REDACTED]							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sayreville, NJ 08872							
		Name of Contact Mike Zagar	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Sayreville		Square Feet 1,825	# of Floors 2						
		Bldg. Age 1950's							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 12/19/2016	Scheduled Completion Date (11) 12/21/2016	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 <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3+	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 12/7/2016			

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

Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) Paul Rinaldi							
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 checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean, New Jersey 07712							
		Name of Contact Paul	Telephone Number #						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence of Paul Rinaldi		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) Ocean Township		Square Feet 1500	# of Floors 2						
		Bldg. Age 1928							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AESL		ASCM No.	Name of Abatement Contractor (9) ProService Environmental LLC						
Street Address 2200 Patterson Plank Rd Unit 7		Street Address 3143 Bordentown Ave Unit 1-A							
City, State, Zip Code North Bergen 07047		City, State, Zip Code Parlin, New Jersey 08859							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-647-4069	License No. 01304						
Start Date (10) 11/19/2016	Scheduled Completion Date (11) 11/21/2016	Name of OSHA Monitor Anthony Washington							
Occupancy Status During Abatement (Check Only One)		Street Address 3143 Bordentown 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 Parlin, New Jersey 08859							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Attic			x	Insulation (TSI)	500 Sq. Ft.	x			
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No. 2798	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises					
City, State 5 Industrial Drive New Brunswick, NJ 08901			Disposal Date 11/21/2016	City, State Waynesburg, OH 44688					
Completed by Thomas Re		Title Owner	Signature <i>TL Re</i>	Date 11/07/2016					



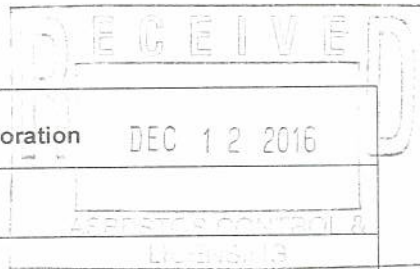
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 9266

Date of Notification (1) <b>11/7/16</b>		Name of Building Owner/Operator (2) <b>ANTHONY Badal</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	<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 <b>BAYONNE, N.J. 07008</b>	
		Name of Contact <b>ANTHONY Badal</b>	
		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>1,500</b>	
City (5) <b>BAYONNE</b>		# of Floors <b>2</b>	
County (6) <b>HUDSON</b>		Bldg. Age <b>100</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>	
Street Address		Street Address <b>185 Vreeland Ave.</b>	
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ</b>	
Project Manager for Monitoring Firm		Telephone No. <b>(201) 262-5841</b>	
Telephone No.		License No. <b>00156</b>	
Start Date (10) <b>11/19/16</b>		Scheduled Completion Date (11) <b>11/30/16</b>	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>Omega Environmental Services</b>	
<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 <b>280 Huyler St.</b>	
		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure	
Location of Asbestos-Containing Material (ACM): <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<b>PIPE INSULATION</b>
			<b>110 LF</b>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>
City, State <b>Newark, NJ</b>		Disposal Date <b>11/19/16</b>	City, State <b>Bethlehem, PA</b>
Completed by <b>Joseph Vocaturo</b>	Title <b>Vice President</b>	Signature <b>J. Vocaturo</b>	Date <b>11/7/16</b>

No CUC

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



Date of Notification (1) <div style="text-align: center;">10 / 16 / 15</div>		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8-12/8/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 09625 Name of Contact Luis Limo Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge		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 Rt 7		Square Feet	# of Floors						
City (5) Kearny		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <i>on site 12/8/16</i> 5 / 23 / 16	Scheduled Completion Date (11) 12 / 12 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 12/8/16			

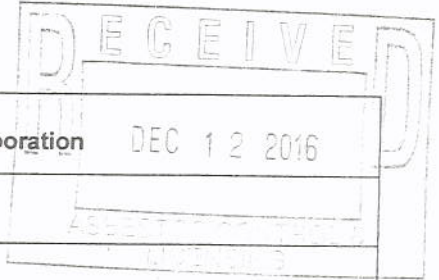
ASB-41  
MAY 11

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

*BS15102*  
\*\* ON SITE 12/8/16



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



Date of Notification (1) <b>10 / 16 / 15</b>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>7-12/5/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Ave., CN 600</b>	
		City, State, Zip Code <b>Trenton, NJ 09625</b>	
		Name of Contact <b>Luis Limo</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Route 7 Bridge</b>		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 <b>Rt 7</b>		Square Feet	# of Floors
City (5) <b>Kearny</b>		Bldg. Age	
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>5 / 23 / 16</b>	Scheduled Completion Date (11) <b>ON HOLD</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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 <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☒ 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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>12/5/16</b>		

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

**No OK**

Date of Notification (1) <b>10 / 16 / 15</b>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>6-12/2/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Ave., CN 600</b> City, State, Zip Code <b>Trenton, NJ 09625</b> Name of Contact <b>Luis Limo</b> Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Route 7 Bridge</b>		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 <b>Rt 7</b>		Square Feet	# of Floors
City (5) <b>Kearny</b>		Bldg. Age	
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>OFF SITE 12/5</b> <b>5 / 23 / 16</b>	Scheduled Completion Date (11) <b>12 / 9 / 16</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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 <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	

**Scope of Work (Check all that apply)**

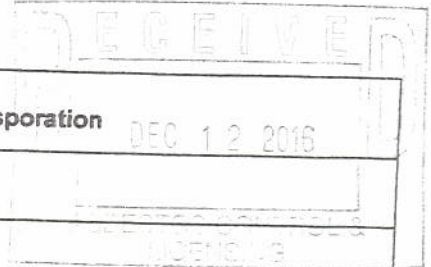
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>12/2/16</b>		



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



Date of Notification (1) <b>10 / 16 / 15</b>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5-11/23/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>1035 Parkway Ave., CN 600</b>		City, State, Zip Code <b>Trenton, NJ 09625</b>	
Name of Contact <b>Luis Limo</b>		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Route 7 Bridge</b>		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 <b>Rt 7</b>		Square Feet	
City (5) <b>Kearny</b>		# of Floors	
County (6) <b>Bergen</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

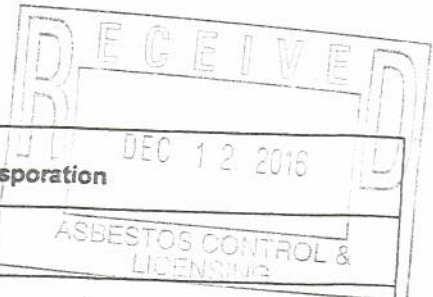
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCN No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		License No. <b>00509</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	

Start Date (10) <i>ON SITE 11/23</i> <b>5 / 23 / 16</b>		Scheduled Completion Date (11) <b>12 / 7 / 16</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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 <b>1123 BEAVER STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Underside of bridge piers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Sheet packing</b>	<b>2800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>			
Completed By (Print or Type) <b>Irrian Scafiro</b>		Title <b>Estimator</b>		Signature		Date	

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



**NOCK**

Date of Notification (1) <b>10 / 16 / 15</b>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-5/31/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Ave., CN 600</b>	
		City, State, Zip Code <b>Trenton, NJ 09625</b>	
		Name of Contact <b>Luis Limo</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Route 7 Bridge</b>		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 <b>Rt 7</b>			
City (5) <b>Kearny</b>		Square Feet	# of Floors
County (6) <b>Bergen</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.	
Street Address <b>3 Terri Lane</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		Street Address <b>1123 BEAVER STREET</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>	City, State, Zip Code <b>BRISTOL, PA 19007</b>
Start Date (10) <b>5 / 23 / 16</b>	Scheduled Completion Date (11) <b>ON HOLD</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
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 <b>BRISTOL ENVIRONMENTAL, INC.</b>	
		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

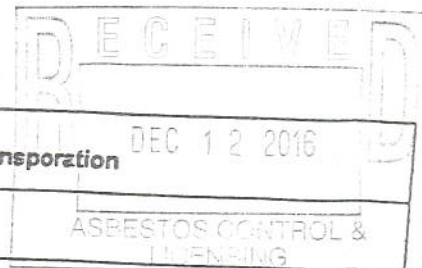
- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

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
underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 <b>PRIVCE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>	
Prepared By (Print or Type) <b>Don Scafiro</b>	Title <b>Estimator</b>	Signature <i>Don Scafiro</i>		Date <b>5/31/16</b>	



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

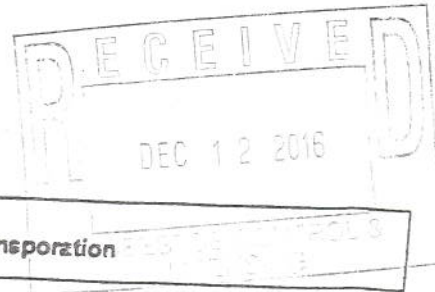


NO CK

Date of Notification (1) 10 / 16 / 15			Name of Building Owner/Operator (2) State of New Jersey Department of Transportation						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-5/26/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 09625 Name of Contact Luis Lino					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge			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 Rt 7			Square Feet      # of Floors      Bldg. Age						
City (5) Kearny			County Code (7) (STATE USE ONLY)						
County (6) Bergen			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
Start Date (10) 5 / 23 / 16		Scheduled Completion Date (11) 6 / 3 / 16		License No. 00509					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input 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 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) 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
Inside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 VICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Prepared By (Print or Type) Scaffaro		Title Estimator		Signature		Date			

NO CK

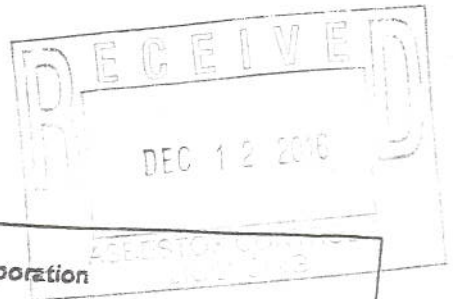
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 16 / 15			Name of Building Owner/Operator (2) State of New Jersey Department of Transportation						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-5/20/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Luis Limo Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge			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 Rt 7			Square Feet						
City (5) Kearny			# of Floors						
County (6) Bergen			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		Telephone No. 215-788-6040					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 5 / 23 / 16		Scheduled Completion Date (11) 5 / 27 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
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			Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Type 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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Side of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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"/>
Registered Waste Hauler CE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20890		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
ASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
By (Print or Type)		Title		Signature		Date			



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



NO CX

Date of Notification (1) 10 / 16 / 15		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/23/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Luis Limo Telephone Number	

**FACILITY INFORMATION**

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

Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Name of Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Date (10) 10 / 19 / 15	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Agency Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007

Work (Check all that apply)

<input type="checkbox"/> or ≥3 If sf or ≥260 If	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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"/>

Preferred Waste Hauler TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
E, DE 19720		Disposal Date	City, State WAYNESBURG OH 44688

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

APPROVED: TOM VOORHEES, NJDOH

Ch #2894

NO CIC

Date of Notification (1) 10 / 16 / 15		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 PARKWAY AVE., CN 600	City, State, Zip Code Trenton, NJ 08625
		Name of Contact Luis Lima	Telephone Number

ASBESTOS CONTROL & LISTENING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Rt 7		Square Feet	# of Floors
City (5) Kearny		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

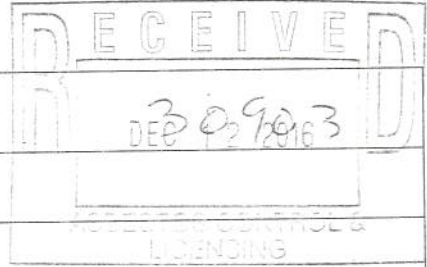
Name of Monitoring Firm Hired by Building Owner (8) Ardno A/C		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Terri Lane		Street Address 1123 BEAVER STREET		
State, Zip Code Bridgeton, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Manager for Monitoring Firm Lutz		Telephone No. 609-366-8800	Telephone No. 215-766-6040	License No. 00508
Date (10) 10 / 19 / 15	Scheduled Completion Date (11) 11 / 28 / 15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Policy Status During Abatement (Check only one) <input type="checkbox"/> Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET		
Work (Check all that apply) <input type="checkbox"/> 3 If <input type="checkbox"/> >260 If		City, State, Zip Code BRISTOL, PA 19007		

Location of 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
bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2600 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"/>

Waste Hauler SPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20890	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
Disposal Date		City, State	



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



Date of Notification (1) <div style="text-align: center;">12 / 8 / 16</div>		Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b>							
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 <b>313 Halyard Road</b>							
		City, State, Zip Code <b>Ortley Beach, NJ 08751</b>							
		Name of Contact <b>Frank Disantis</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>[REDACTED]</b>									
City (5) <b>Lavallette</b>		Square Feet <b>800</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <div style="text-align: center;">12 / 19 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 20 / 16</div>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	750 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>12/21/16</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>12/8/16</b>		

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

CK 5863

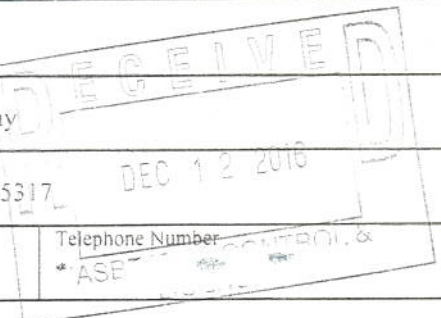
Date of Notification (1) 12/6/16		Name of Building Owner/Operator (2) Mary Previte Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Haddonfield NJ 08033							
Name of Contact Julia		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mary Previte Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Haddonfield NJ 08033		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASC No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/7/16	Scheduled Completion Date (11) 12/9/16	Name of OSHA Monitor Same							
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: Home owner home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
dinning room			x	Plaster	120 SF	x			
Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ	Disposal Date 12/9/16	City, State Morrisville PA 19067							
Completed by Anthony T Perna	Title President	Signature [Signature]	Date 12/6/16						



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

CIC  
7345

Date of Notification (1) <b>December 1, 2016</b>		Name of Building Owner/Operator (2) <b>NRG Rema, LLC</b>	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>121 Champion Way</b>	City, State, Zip Code <b>Canonsburg, PA 15317</b>
		Name of Contact <b>Peter B. Gallardy</b>	Telephone Number <b>* ASE</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former JCP&amp;L Power Plant – Werner Generating Station</b>			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 <b>135 Main Street</b>					
City <b>South Amboy</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Square feet <b>240,000 sf</b>	# of Floors <b>5</b>	Bldg. Age <b>60+/-</b>
			Current Use (Prior if being demolished) <b>Retired Steam Plant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State, Zip Code <b>Matawan, NJ 07747</b>			City, State, Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>12/6/16</b>		Scheduled Completion Date (11) <b>12/30/16</b>		Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>	
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 <b>64 Broad Street</b>		
			City, State, Zip Code <b>Matawan, NJ 07747</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> (Other) Exterior Debris Clean-up	

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E A L	E N C L O S U R E	P A P E R	C A P S U L E
Exterior Building Foundation			X	Misc. (demolition debris)	2,608 sf	X			

Name of Registered Waste Hauler <b>Freehold Carting</b>	NJDEP Waste Hauler ID No. <b>18693</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>12/30/16</b>	City, State <b>Morrisville, PA</b>	
Completed by (Print or Type) <b>Dominick Tringali</b>	Title <b>Project Manager</b>	Signature 	Date <b>12/1/16</b>

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

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

B & G proj. #: 2016-175

\*\*\* EMERGENCY \*\*\*

Check # 8143

Date of Notification (1)

11/21/10 17/11/16

Name of Building Owner/Operator (2)

Kathryn Butchko

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

Street Address

City, State, Zip Code

Morris Plains, NJ 07950

Name of Contact

Kathryn Butchko

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kathryn Butchko

Street Address

City (5)

Morris Plains, NJ 07950

County (6)

Morris

County Code (7)  
(State use only)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial  
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

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

ASCM No.  
n/a

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

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

12/08/2016

Sched. Completion Date (11)

12/09/2016

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

☒ Glovebag procedure

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☒ Mini-enclosure

☐ 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation assoc w/leaky pipe	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
12/09/2016

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

Gordana Luna

Date  
12/07/2016



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 9:60-7 and 12:120-7)

B &amp; G proj. #: 2016-175

\*\*\* EMERGENCY \*\*\*

Check # B143

ASBESTOS CONTROL &amp; RESTORATION

Date of Notification (1) 12/17/16		Name of Building Owner/Operator (2) Kathryn Butchko	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morris Plains, NJ 07950	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kathryn Butchko	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathryn Butchko			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter A (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Morris Plains, NJ 07950	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 606-6869		License Number 00378
Scheduled Start Date (10) 12/08/2016		Sched. Completion Date (11) 12/09/2016	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)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥250 lf ☒ Mini-enclosure ☐ Non-fabric 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)	R	E	M	O	V	E	N	C	L
	Yes	No	N/A											
basement				pipe insulation assoc w/leaky pipe	16 lf									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/09/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 12/07/2016

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

CK # 0201

Date of Notification (1) 12/8/16		Name of Building Owner/Operator (2) Gentian Baca							
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 Bronx, NY 10462							
		Name of Contact Gentian Baca	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Auto Body Shop		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 137 S. State St		Square Feet 2000	# of Floors 1						
City (5) Hackensack		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Gas Station/Auto Shop							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 12/19/16		Scheduled Completion Date (11) 12/31/16	License No. 01255						
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 Harmony Contracting Inc							
		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Roofing Material	1200 SF	x			
Interior Office			x	Stucco Skim Coat	300 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Kristina Caporino		Title Secretary	Signature Kristina Caporino			Date 12/8/16			



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

Check 15934

Date of Notification (1) 12/8/16		Name of Building Owner/Operator (2) Gabrielle Gonzalez							
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 Ridgefield, NJ 07657							
Name of Contact Gabrielle		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000							
City (5) Ridgefield		# of Floors 2							
County (6) Bergen		Bldg. Age 63							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 12/17/16		License No. 703							
Scheduled Completion Date (11) 1/17/17		Name of OSHA Monitor							
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: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 SF	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 12/17/16			

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


*Check 15932*

Date of Notification (1) 12/8/16		Name of Building Owner/Operator (2) Mario Prata	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Springfield, NJ 07081	
		Name of Contact Mario Prata	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2100	# of Floors 2
City (5) Springfield		Bldg. Age 65	
County (6) Union	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) 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) 12/17/16	Scheduled Completion Date (11) 1/17/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>garage</u>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			x	vermiculite insulation	40 SF	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 12/17/16		

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



Dec 08 2016 04:34PM NJ Asbestos Control 609.633.0664

page 1

12/08/2016 01:16PM 2013297440

BEST REMOVAL INC

PAGE 04/04

REQUEST FOR 10  
DAY WAIVER NOTICEState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

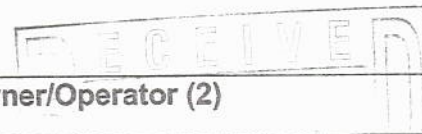
check 3868

DEC 12 2016

Date of Notification (1) <b>12-8-2016</b>		Name of Building Owner/Operator (2) <b>J. BRYANT</b>	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	<b>CLIFTON, NJ 07012</b>
		Name of Contact <b>J. BRYANT</b>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>J. BRYANT</b>		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>CLIFTON</b>	Square Feet <b>1500</b>	# of Floors <b>1</b>	Bldg. Age <b>72 YRS</b>
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address			<b>Best Removal Inc</b>
City, State, Zip Code			Street Address <b>450 South River Street</b>
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, NJ 07601</b>
		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>12-12-2016</b>	Scheduled Completion Date (11) <b>12-13-2016</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler Street</b>	
<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: <b>8 AM - 5 PM</b>		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<b>BASEMENT BOILER ROOM</b>	Yes No N/A	<b>X THERMAL INSULATION</b>	<b>35 LF X</b>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
<b>Best Removal Inc</b>		<b>17109</b>	<b>34 YD.</b>
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>12-13-2016</b>	Name of Registered Landfill
			<b>Minverve Enterprises, LLC</b>
Completed by <b>Robert Veldran</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>
			Date <b>12-8-2016</b>

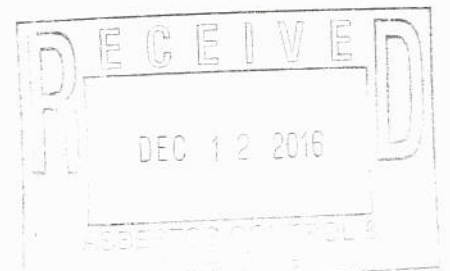
CHECK # 586

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<u>Date of Notification (1)</u> 12/07/16			<u>Name of Building Owner/Operator (2)</u> Erickson Living		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled		<u>Street Address</u> 701 Maiden Choice Lane <u>City, State, Zip Code</u> Catonsville MD 21228 <u>Name of Contact:</u> Tom Catanzaro <u>Telephone Number</u>	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Building			<u>Type of Facility (4)</u> <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. Sf 25,000 Floors 2 Age: 30 Current Use (prior if being demolished):		
<u>Street Address</u> 603 Mountain Avenue			<u>City (5)</u> New Providence NJ		
<u>County (6)</u> Union		<u>County Code (7)</u> (State Use Only)			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A			<u>ASCM No.</u>		
<u>Street Address</u>			<u>Name of Contractor (9)</u> BL Contracting, Inc.		
<u>City, State, Zip Code</u>			<u>Street Address</u> 5 Marguerite Lane		
<u>Project Manager for Monitoring Firm</u>			<u>Telephone Number</u>		<u>License Number</u> 01265
<u>Scheduled Start Date (10)</u> 12/22/2017			<u>Scheduled Completion Date (11)</u> 02/17/17		<u>Name of OSHA Monitor</u> BL Contracting Inc.
<u>Occupancy Status During Abatement (Check only one)</u> <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:			<u>Street Address</u> 5 Marguerite Lane <u>City, State, Zip Code</u> Towaco, NJ 07082		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition </div> <div> x Non Exempted and Non Friable Procedure  <input checked="" type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure  <input checked="" type="checkbox"/> Full Containment with Negative Pressure </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>		<u>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</u> YES NO NA		<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	
<u>Amount (Specify SF or LF)</u>		<u>Abatement Type</u> Remove Repair Encap Enclose		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Please see attached 4 pages of quantities</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> Waste Management of Pennsylvania		<u>NJDEP Waste Hauler ID #</u> 0036784		<u>Cubic Yards of Waste</u> 30	
<u>Name of Registered Landfill</u> T.R.R.F.		<u>Disposal Date</u> 02/15/17		<u>City, State</u> Tullytown, PA	
<u>Completed by (Print or Type)</u> Nedo Vasilic		<u>Title</u> President		<u>Signature</u> Nedo Vasilic	
<u>Date</u> 12/07/2016					





**PLM ASBESTOS SAMPLES ~ Hayes 16019667 ~ July 27, 2016**

The following samples are *positive* for asbestos: *Samples 25 & 26: 9x9 Floor Tile and Mastic ~ Southwest Corner; Samples 35 & 36: Tar/Felt Membrane Sales Old Area; Samples 39 & 40: Pipe Fitting ~ Second Floor ~ MER/North Vacant; Samples 44 & 45: Vibration Cloth ~ 2<sup>nd</sup> Floor ~ MER; and Sample 70: Old Caulk White ~ East at Brown Window Brick Interface*

**PLM ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
25	Southwest Corner Construction office	9x9 floor tile	6%	8,000 SF
26	" " "	9x9 floor mastic	4%	8,000 SF
35 & 36	Sales Old Area	Tar/felt membrane on steel beam running above window (interior & exterior surfaces)	10%	400 LF
39 & 40	2 <sup>nd</sup> Fl MER North	Pipe fitting & hall	5%	10 fittings
44 & 45	2 <sup>nd</sup> Fl MER	Vibration cloth	45%	50 SF
*70	East at brown window	White caulk	2%	500 LF

\*This is the old white window caulking that is on the brick. Most of the caulking was removed when new windows were installed; however, there is remnant caulking on the brick exterior at window openings.

**TRANSMISSION ELECTRON MICROSCOPY ASBESTOS SAMPLES ~ Hayes 16020372**

*Samples sent for TEM analysis: 1, 2, 7, 9, 11, 12, 17, 18, 19, 23, 24, 27, 28, 29, and 30.*

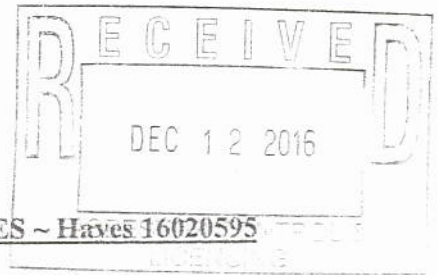
The samples sent for TEM analysis are **negative** for asbestos.

**PLM ASBESTOS SAMPLES ~ Hayes 16019993, July 29, 2016**

The following samples are *positive* for asbestos: *Samples 05 & 06: Tar – Skylight Roof East; Samples 21 & 22: Light Tar On Flashing – Skylight Roof*

**PLM ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
05 & 06	Skylight Roof East	Tar	5%	100 LF
21 & 22	Skylight Roof	Light tar on flashing	5%	100 LF



**TRANSMISSION ELECTRON MICROSCOPY ASBESTOS SAMPLES ~ Hayes 16020595**

The following samples are *positive* for asbestos: *Sample 11: Roof Core ~ NW Gravel Roof; Sample 18: Gravel & Tar ~ NW Gravel Roof; Sample 19: Flashing ~ East Skylight Roof*

**TEM: ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
18	NW Roof	Gravel & Tar	1.3%	500 SF
19	East Skylight Roof	Flashing	7.6%	80 SF

*\*All the gravel located on the East Skylight Roof, Large Northwest Roof has to be treated and disposed of as asbestos.*

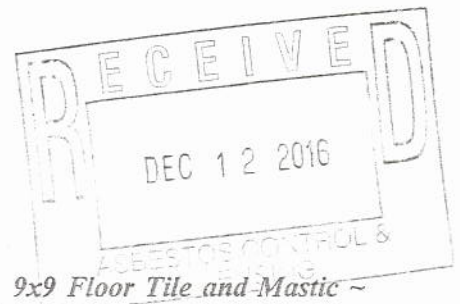
**PLM ASBESTOS SAMPLES ~ Hayes 16020590**

The following samples are *positive* for asbestos: *Samples 05 & 06: Tar – Skylight Roof East; Samples 21 & 22: Light Tar On Flashing – Skylight Roof*

**PLM ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
05 & 06	Skylight Roof East	Tar	5%	50 SF
21 & 22	Skylight Roof	Light gray tar on flashing	5%	80 SF





**PLM ASBESTOS SAMPLES ~ Hayes 16019667 ~ July 27, 2016**

The following samples are *positive* for asbestos: *Samples 25 & 26: 9x9 Floor Tile and Mastic ~ Southwest Corner; Samples 35 & 36: Tar/Felt Membrane Sales Old Area; Samples 39 & 40: Pipe Fitting ~ Second Floor ~ MER/North Vacant; Samples 44 & 45: Vibration Cloth ~ 2<sup>nd</sup> Floor ~ MER; and Sample 70: Old Caulk White ~ East at Brown Window Brick Interface*

**PLM ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
25	Southwest Corner Construction office	9x9 floor tile	6%	8,000 SF
26	" " "	9x9 floor mastic	4%	8,000 SF
35 & 36	Sales Old Area	Tar/felt membrane on steel beam running above window (interior & exterior surfaces)	10%	400 LF
39 & 40	2 <sup>nd</sup> FI MER North	Pipe fitting & hall	5%	10 fittings
44 & 45	2 <sup>nd</sup> FI MER	Vibration cloth	45%	50 SF
*70	East at brown window	White caulk	2%	500 LF

\*This is the old white window caulking that is on the brick. Most of the caulking was removed when new windows were installed; however, there is remnant caulking on the brick exterior at window openings.

**TRANSMISSION ELECTRON MICROSCOPY ASBESTOS SAMPLES ~ Hayes 16020372**

*Samples sent for TEM analysis: 1, 2, 7, 9, 11, 12, 17, 18, 19, 23, 24, 27, 28, 29, and 30.*

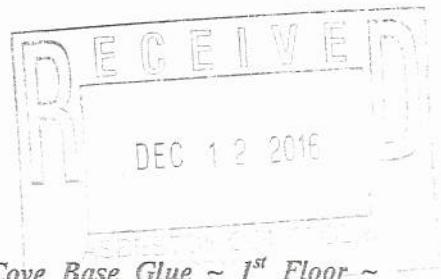
The samples sent for TEM analysis are **negative** for asbestos.

**PLM ASBESTOS SAMPLES ~ Hayes 16019993, July 29, 2016**

The following samples are *positive* for asbestos: *Samples 05 & 06: Tar – Skylight Roof East; Samples 21 & 22: Light Tar On Flashing – Skylight Roof*

**PLM ASBESTOS RESULTS**

Sample	Location	ACM Material	% ACM	ACM SF/LF
05 & 06	Skylight Roof East	Tar	5%	100 LF
21 & 22	Skylight Roof	Light tar on flashing	5%	100 LF



#### PLM ASBESTOS SAMPLES ~ Haves 16020587

The following samples are *positive* for asbestos: *Sample 05: Cove Base Glue ~ 1<sup>st</sup> Floor ~ Northwest 2<sup>nd</sup> Story; Sample 06: Cove Base Glue ~ 2<sup>nd</sup> Floor ~ Northwest 2<sup>nd</sup> Story; Sample 07: Pipe Fitting ~ 2<sup>nd</sup> Floor ~ Roof Drain; Sample 08: Pipe Fitting ~ 2<sup>nd</sup> Floor ~ Roof Drain; Sample 26: Setting Bed ~ North Entry Foyer Below Skylight; Sample 33: Tar ~ Northwest 2<sup>nd</sup> Story Foundation Wall; Sample 34: Tar ~ Northwest 2<sup>nd</sup> Story Foundation Wall; Sample 47: Terrazzo Floor ~ Center Foyer; Sample 56: Transite ~ Rear Entrance; Sample 69: Tar Metal Deck ~ Center White Roof; Sample 70: Tar Metal Deck ~ Center White Roof*

#### PLM ASBESTOS RESULTS

Sample	Location	ACM Material	% ACM	ACM SF/LF
05	Northwest 1 <sup>st</sup> Floor	Cove base glue	3%	300 LF
06	Northwest 2 <sup>nd</sup> Floor	Cove base glue	3%	300 LF
07 08	2 <sup>nd</sup> Floor	Pipe fitting roof drain	10% 8%	5 fittings
26	North Entry Foyer	Setting bed under red floor & membrane	2%	1,200 SF
33 & 34	Northwest 2 <sup>nd</sup> Story Bldg	Foundation wall tar (below ground)	6%	1,500 SF
47	Center Foyer	Terrazzo floor & setting bed	2%	450 SF
56	Rear Entrance	Transite	20%	100 SF
*69 & 70	Northwest, Center, White, & Skylight Roofs	Tar metal deck	8%	5,500 SF
	South entrance along Mountain Avenue	Terrazzo floor & setting bed		500 SF

*\*Based on the results, all roofing tars, flashings, sealants, roof field, insulation etc. must be removed as asbestos, including the tar on the metal decking.*

*In the two story Northwest building, Vermiculite was located within the cavities of the perimeter concrete block walls and is a known problematic material. See further explanation in the limitation section of this report.*

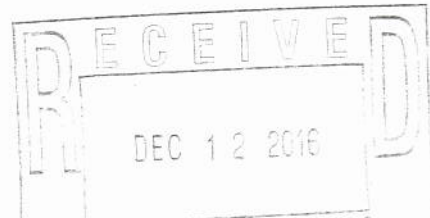
*ABS assumes that the electrical panels and main electric cables are asbestos containing that are located in the main Mechanical/Boiler Equipment Room. The electrical lines could potentially run throughout the building, in the electrical conduits/raceways. An electrician would have to be involved to do further testing/investigating.*

#### TRANSMISSION ELECTRON MICROSCOPY TESTING

*Samples are sent for analysis by TEM (Transmission Electron Microscopy), by law, when the PLM Friable samples are negative. Samples 1, 2, 9, 10, 16, 17, 19 (2 layers), 20 (2 layers), 44, 45, 50, 51, 53, 57, 58, 59, 60 (2 layers), 61, 62, 63, 64, 65, 70, 71, 78, and 79.*

The samples sent for TEM analysis are **negative** for asbestos.





### PLM ASBESTOS SAMPLES ~ Haves 16020587

The following samples are *positive* for asbestos: *Sample 05: Cove Base Glue ~ 1<sup>st</sup> Floor ~ Northwest 2<sup>nd</sup> Story; Sample 06: Cove Base Glue ~ 2<sup>nd</sup> Floor ~ Northwest 2<sup>nd</sup> Story; Sample 07: Pipe Fitting ~ 2<sup>nd</sup> Floor ~ Roof Drain; Sample 08: Pipe Fitting ~ 2<sup>nd</sup> Floor ~ Roof Drain; Sample 26: Setting Bed ~ North Entry Foyer Below Skylight; Sample 33: Tar ~ Northwest 2<sup>nd</sup> Story Foundation Wall; Sample 34: Tar ~ Northwest 2<sup>nd</sup> Story Foundation Wall; Sample 47: Terrazzo Floor ~ Center Foyer; Sample 56: Transite ~ Rear Entrance; Sample 69: Tar Metal Deck ~ Center White Roof; Sample 70: Tar Metal Deck ~ Center White Roof*

### PLM ASBESTOS RESULTS

Sample	Location	ACM Material	% ACM	ACM SF/LF
05	Northwest 1 <sup>st</sup> Floor	Cove base glue	3%	300 LF
06	Northwest 2 <sup>nd</sup> Floor	Cove base glue	3%	300 LF
07 08	2 <sup>nd</sup> Floor	Pipe fitting roof drain	10% 8%	5 fittings
26	North Entry Foyer	Setting bed under red floor & membrane	2%	1,200 SF
33 & 34	Northwest 2 <sup>nd</sup> Story Bldg	Foundation wall tar (below ground)	6%	1,500 SF
47	Center Foyer	Terrazzo floor & setting bed	2%	450 SF
56	Rear Entrance	Transite	20%	100 SF
*69 & 70	Northwest, Center, White, & Skylight Roofs	Tar metal deck	8%	5,500 SF
	South entrance along Mountain Avenue	Terrazzo floor & setting bed		500 SF

*\*Based on the results, all roofing tars, flashings, sealants, roof field, insulation etc. must be removed as asbestos, including the tar on the metal decking.*

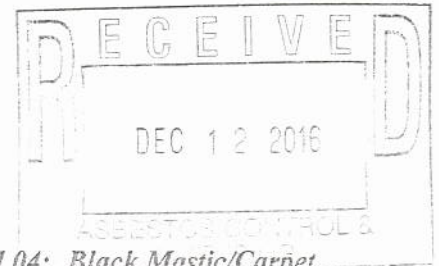
*In the two story Northwest building, Vermiculite was located within the cavities of the perimeter concrete block walls and is a known problematic material. See further explanation in the limitation section of this report.*

*ABS assumes that the electrical panels and main electric cables are asbestos containing that are located in the main Mechanical/Boiler Equipment Room. The electrical lines could potentially run throughout the building, in the electrical conduits/raceways. An electrician would have to be involved to do further testing/investigating.*

### TRANSMISSION ELECTRON MICROSCOPY TESTING

*Samples are sent for analysis by TEM (Transmission Electron Microscopy), by law, when the PLM Friable samples are negative. Samples 1, 2, 9, 10, 16, 17, 19 (2 layers), 20 (2 layers), 44, 45, 50, 51, 53, 57, 58, 59, 60 (2 layers), 61, 62, 63, 64, 65, 70, 71, 78, and 79.*

The samples sent for TEM analysis are **negative** for asbestos.



#### PLM ASBESTOS SAMPLES ~ Hayes 16024064

The following samples are *negative* for asbestos: *Samples 01, 02, 03, and 04: Black Mastic/Carpet Glue – North Under Carpet.*

#### TRANSMISSION ELECTRON MICROSCOPY TESTING

*Samples are sent for analysis by TEM (Transmission Electron Microscopy), by law, when the PLM Friable samples are negative. Samples 1 and 4.*

The samples sent for TEM analysis are **negative** for asbestos.

#### PLM ASBESTOS SAMPLES ~ Hayes 16024853

The following samples are *positive* for asbestos: *Sample 05 and Sample 06: Side Transite.*

#### PLM ASBESTOS RESULTS

Sample	Location	ACM Material	% ACM	ACM SF/LF
05	Exterior Siding	Side Transite	15%	150 SF
06				

#### TRANSMISSION ELECTRON MICROSCOPY TESTING

*Samples are sent for analysis by TEM (Transmission Electron Microscopy), by law, when the PLM Friable samples are negative. Samples 1, 3, 7, 9, 14, and 16.*

The samples sent for TEM analysis are **negative** for asbestos.

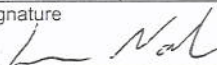
#### RECOMMENDATIONS

- Abatement contractor is responsible to implement all required not limited to OSHA Fall Protection Requirements, and any/all OSHA EPA, NJDEP, NJDOL, NJDHSS regulations regarding asbestos removal etc.
- Prior to any demolition/renovation activities, all found asbestos materials must be properly removed/disposed of by a New Jersey licensed asbestos contractor, along with required final air testing and inspection, pursuant to all local, state, federal guidelines.
- The GC/Demolition contractor must adhere to all applicable rules and regulations i.e. not limited to OSHA, USPEA, NESHAPS, NJDOL, NJDHSS etc. in that if any suspect materials are discovered while performing the demo or renovation, they are to stop work and have asbestos consultant perform testing of materials.
- NOTE: the given quantities are approximations. The Asbestos Contractor must perform his own site walkthrough and take off's and their own measurements.
- If, during the renovation/demolition process, suspect material is uncovered that could potentially have asbestos in it, the contractor should stop work and call **ABS Environmental** for further testing.



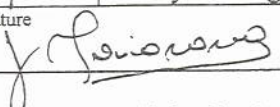
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

15499

Date of Notification (1) 12/08/16		Name of Building Owner/Operator (2) K Hovnanian at Cedar Grove							
Agencies Notified	Type Notification	Street Address							
<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 <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	110 Fieldcrest Ave.							
		City, State, Zip Code Edison, NJ 08837							
		Name of Contact John Crane	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital		Type of Facility (4)							
Street Address 204 Grove Ave.		<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) Cedar Grove		Square Feet 60,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 12/05/16	Scheduled Completion Date (11) 02/15/17	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple 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 Wallington, NJ 07057							
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"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			*	pipe insulation	3300lf.	*			
basement			*	floor tiles	2200sf.	*			
windows			*	window caulk	311 windows	*			
roof			*	roof field/flashing	3500sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 150	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 02/16/17		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President		Signature 			Date 12/08/16		

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

CK 3867

Date of Notification (1) <b>12/8/16</b>		Name of Building Owner/Operator (2) <b>MR. TODD MONDELL</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> <del>DOL</del> <input type="checkbox"/> <del>DOH</del> <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 <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>FAIR LAWN . NJ. 07410</b>							
		Name of Contact <b>MONDELL</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. MONDELL</b>		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 <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet <b>2500</b>	# of Floors <b>2</b>						
City (5) <b>FAIR LAWN</b>		Bldg. Age <b>1945</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>12/27/16</b>	Scheduled Completion Date (11) <b>12/28/16</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
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: <b>24H TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
<b>FIRST FLOOR</b>				<b>VAT</b>	<b>300 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>20/207</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>12/28/16</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature 			Date <b>12/8/16</b>		



**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*Check # 387*

Date of Notification (1) 12/06/16			Name of Building Owner/Operator (2) North Brunswick crescent urban renewal, LLC		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled		Street Address 1970 Brunswick Ave. Suite 100	
				City, State, Zip Code Lawrenceville NJ 08648	
				Name of Contact: Mark Issa	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12)		
Street Address 1300 Oak Tree Drive			X Others (i.e. private & commercial buildings, homes, etc. Sf 10,000 Floors 2 Age:30 Current Use (prior if being demolished) :		
City (5) North Brunswick Township	County (6) Middlesex	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Contractor (9) BL Contracting .Inc		
Street Address			Street Address 5 Marguerite Lane		
City, State, Zip Cod			City State, Zip Code Towaco 07082		
Projec. Manager for Monitoring Firm		Telephone Number	Telephone Number 973-901-0153		License Number 01265
Scheduled Start Date (10) 12/20/16		Scheduled Completion Date (11) 12/27/16		Name of OSHA Monitor BL Contracting Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe  <input type="checkbox"/> Other - Describe:			Street Address 5 Marguerite Lane		
			City, State, Zip Code Towaco, NJ 07082		
Source 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		X Non Exempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Outside		Window Caulk	320	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Waste Management of Pennsylvania		NJDEP Waste Hauler ID # 32604	Cubic Yards of Waste 90 bags		Name of Registered Landfill T.R.R.F
			Disposal Date 12/27/16	City, State Tullytown, PA	
Completed by (Print or Type) Nedo Vasilic	Title President	Signature <i>Nedo Vasilic</i>		Date 12/06/2016	

12/06/2016 14:08

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AMAC

PAGE 02/03

CK# 9289

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:27 and 12:12G)

Check # **9289**

Date of Notification (1) **12/06/16**

Name of Building Owner/Manager (2) **JOSEPH COLL.**

Agency Notified ☒ EPA ☒ DEP ☒ DOH ☒ DCA

Type Notification ☒ Initial ☐ Amended ☐ Emergency (including jurisdiction) ☐ Renovation

City, State, Zip Code **DUMONT, N.J. 07628**

Name of Contact **JOSEPH COLL.**

Telephone Number

Name of Facility Where Abatement is Taking Place (3) **RESIDENCE**

Street Address

City (6) **DUMONT**

County (6) **BERGEN**

County Code (7) (STATE USE ONLY)

Type of Facility (4) ☐ Section (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Shore Feet **1,650**

# of Floors **2**

Alt. Elev. **+50**

Current Use (Purs. to 12:12G) **RESIDENTIAL**

Name of Monitoring Firm Hired by Building Owner (5) **ABOM No.**

Street Address

City, State, Zip Code

Name of Abatement Contractor (6) **A MAC Contracting Inc.**

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No. **(201) 262-5841**

License No. **00156**

Start Date (7B) **12/07/16**

Scheduled Completion Date (7C) **12/20/16**

Name of OSHA Monitor **Omega Environmental Services**

Street Address

City, State, Zip Code

Occurrence Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Scope of Work (Check All That Apply)

☒ 10' or less H ☒ 2100' or less H ☒ Renovation Demolition

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Other (i.e. Freezing, etc.)

☐ Non-Exempted (1) and Non-Friable Procedures

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. Thermal system insulation, surfacing, VAT, or other nonfriable)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>BOILER ROOM</b>			<input checked="" type="checkbox"/>	<b>PIPE INSULATION</b>	<b>12 LF</b>	<input checked="" type="checkbox"/>			
<b>BOILER ROOM</b>			<input checked="" type="checkbox"/>	<b>THERMAL SYSTEM INS.</b>	<b>82 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler **Newark Carting, Inc.**

Waste Hauler ID No. **04509**

Cubic Yards of Waste **2**

Name of Registered Landfill **IESI PA Bethlehem Landfill Corp.**

City, State **Newark, NJ**

City, State **Bethlehem, PA**

Completed by **Joseph Vocatur**

Title **Vice President**

Signature **J. Vocatur**

Date **12/06/16**

Asbestos (11-01-09)

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