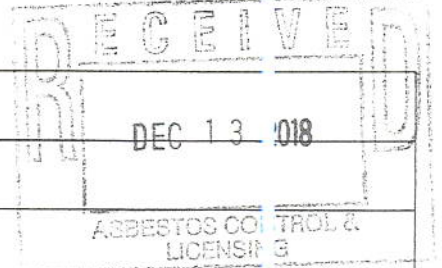


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

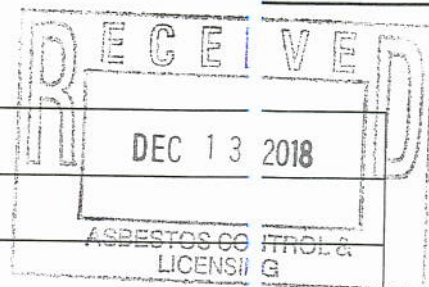


Date of Notification (1) 11/14/2018		Name of Building Owner/Operator (2) PREMIER DEVELOPERS		Street Address 120 SYLVAN AVE.		City, State, Zip Code ENGLEWOOD CLIFF NJ.		Name of Contact PETER		Telephone Number 201-461-4363	
Agencies Notified	Type of Notification	Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)		Square Feet		# of Floors		Block Age	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	376 - Willson 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.)		1800		2		76	
City (5) FORT LEE NJ.		County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.		Street Address 1126 51st STREET		City, State, Zip Code NORTH BERGEN NJ. 07047			
Street Address				Telephone No. 201-776-0642		License No. 1300					
City, State, Zip Code				Name of OSHA Monitor NORTH EAST ENVIRONMENTAL		Street Address 1126 51st. STREET		City, State, Zip Code NORTH BERGEN NJ.			
Project Manager for Monitoring Firm		Telephone No.									
Start Date (10) 12-01-2018		Scheduled Completion Date (11) 12-01-2018									
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:											
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal Encapsulation Enclosure			
EXTERIOR SIDING		X		TRANSITE		1,200		X			
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill IESI BETHLEM LANDFILL		City, State BETHLEM PA.18015			
City, State HILLSIDE NJ. 07205				Disposal Date TBD							
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 11/14/2018					

012 2873

PAID

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



Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Residence		Street Address [REDACTED] City, State, Zip Code Middlesex NJ Name of Contact Keith Gadek Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED] City (5) Middlesex County (6) Middlesex		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.) Square Feet 1,358 # of Floors 2 Bldg Age 75	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions Street Address PO Box 354 City, State, Zip Code South Orange, NJ 07079 Project Manager for Monitoring Firm Sarah Calandra Start Date (10) 12/14/2018		County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Brinks Tank Services Street Address 1256 Liberty Avenue City, State, Zip Code Hillside, NJ 07205 Telephone No. 201-349-2666 844-462-7465 License No. 01316	
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 A. Seine Lighthouse Solutions Street Address PO Box 354 City, State, Zip Code South Orange, NJ 07079	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Living room X 2nd floor bedroom closet X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
ceiling drywall		200 SF	
pipe wrap		3 LF	
Name of Registered Waste Hauler Newark Carting City, State East Orange, NJ Completed by Alison Lamers		NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste Disposal Date City, State Penn Argyle, PA Signature [Signature] Date 12/04/2018	

PAID

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

Date of Notification (1) 12/6/2018		Name of Building Owner/Operator (2) Ken Harmonay		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 13 2018 ASBESTOS CONTROL & REMEDIATION </div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
[] EPA	[X] Initial Notification	City, State, Zip Code Morristown, NJ, 07960			
[] DEP	[] Amended Notification	Name of Contact Ken Harmonay			
[X] DOL	[] EMERGENCY	Telephone Number		[REDACTED]	
[X] DOH	[] Cancellation				
[] DCA					

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ken Harmonay			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg Age		
City Morristown			County Morris		
			County Code (7) (STATE USE ONLY)		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
Scheduled Start Date (10) 12- 19 -18		Sched. Completion Date (11) 12- 21 18		License Number 00371	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement				Name of OSHA Monitor N/A	
[] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>				Street Address	
[] Other - Describe: <u>Other Occupancy Descript</u>				City, State, Zip Code	

Scope of Work (Check all that apply)					
[X] >3 sf or >3 lf		[X] Renovation		[] Full Containment with Negative Pressure	
[] >160 sf or >260 lf		[] Demolition		[X] Mini-Enclosure	
				[X] Glovebag Procedure	
				[] Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No	N/A			
Basement			X	Pipe Insulation	180 Lf	X
Garage (left side)			X	Pipe Insulation	35 Lf	X
Garage (right side)			X	Pipe Insulation	35 lf	X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5		Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 12/24/18		City, State Bronx, NY, 10474			

Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 12/6/2018	
---	--	---------------------------	--	--	--	--------------------------	--

PAID

State of New Jersey - Notification of Asbestos Abatement

Check: 4 13359

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

RECEIVED
DEC 13 2018

Date of Notification (1) December 4, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) Stanley Bergen Bldg # 7252		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City, State, Zip Code NEWARK, NJ 07102		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Monitoring Firm Hired by ATC		Name of Contact Michael Smith ENV HEALTH & SAFETY	
Street Address 3 TERRI LANE		Telephone Number 848.445.2550	
City, State, Zip Code BURLINGTON, NJ 08016		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Project Manager for Monitoring Firm BRIAN KEARNY		Street Address 511 MAIN STREET	
Scheduled Start Date (10) December 14, 2018		City, State, Zip Code Butler, NJ 07405	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 4pm - 5am - (24 hrs & Weekends as Needed)		Telephone Number 609-386-8800	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		License Number 00840	
Location of Asbestos-Containing Material (ACM) in Facility (13) 210 Suite		Name of OSHA Monitor Envirovision, Inc.	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	
Amount (Specify SF or LF) <9 LF		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		Disposal Date December 15, 2018	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Hauler #2) Newark Carting Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700	
Completed by (Print or Type) Raymond C. Pedalino		Signature <i>Raymond C. Pedalino</i>	
Title SENIOR PROJECT MANAGER		Date December 4, 2018	

GAC # 2018-060

OK 53412

PAID

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

RECEIVED
DEC 13 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/7/18		Name of Building Owner/Operator (2) Pheasant Construction LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77th Street		City, State, Zip Code Sea Isle City, NJ 08234	
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Frank	
Street Address [REDACTED]		Telephone Number 609 425 6722	
City (5) Avalon		FACILITY INFORMATION	
County (6) Cape May		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.)	
Name of Monitoring Firm Hired [REDACTED]		Square Feet [REDACTED]	
Street Address [REDACTED]		# of Floors [REDACTED]	
City, State, Zip Code [REDACTED]		Bldg. Age [REDACTED]	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC		ASCM No.	
Street Address 1212 Burlington Ave		Name of OSHA Monitor	
City, State, Zip Code Atlantic NJ 08405		Street Address	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code	
Telephone No. 609-346-5916		Amount (Specify SF or LF) 1500	
Start Date (10) 12/17/18		License No. C1070	
Scheduled Completion Date (11) 1/17/19		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 type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Attic		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) Siding		Amount (Specify SF or LF) 300 SF	
Abatement Type Removal		Enclosure	
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	
City, State Delaware		Cubic Yards of Waste	
Name of Registered Landfill WM of PA		Disposal Date TBD	
City, State Hillsborough Pa		Signature [Signature]	
Completed by Joseph T Hall		Date 12/17/18	

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

RECEIVED
DEC 3 2018

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		3 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625	
	Name of Contact William Byster		Telephone Number (609)433-2001		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)		Sdg. Age 0+	
Street Address 164 Bayview Road		Square Feet Varies		# of Floors Varies	
City (5) Downe Township		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe	
County (6) Cumberland		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009	
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Name of Abatement Contractor (9) Site Enterprises, Inc.	
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.	
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 type="checkbox"/> Other - Describe: vacant		Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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			
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy	
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		Name of Registered Landfill CCIA	
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>	
				Date 11/29/2018	

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

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625		Name of Contact William Byster		Telephone Number (609)433-2001	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4) <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.)				Square Feet Varies		# of Floors Varies	
Street Address 179 Bayview Road				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Housing Deemed Unsafe		Edg. Age 10+	
City (5) Downe Township				County (6) Cumberland				Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	
Street Address PO Box 365				City, State, Zip Code Berlin, NJ 08009				Name of Abatement Contractor (9) Site Enterprises, Inc.		Street Address 6626 Delilah Road	
Project Manager for Monitoring Firm James Proctor				Telephone No. (856)452-1311				Telephone No. 609-567-1250		License No. 01172	
Start Date (10) 11/26/2018				Scheduled Completion Date (11) 3/14/2019				Name of OSHA Monitor Health & Safety Services, Inc.			
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 type="checkbox"/> Other - Describe: vacant				Street Address PO Box 365				City, State, Zip Code Berlin, NJ 08009			
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure			
Houses Deemed Unsafe		X		Houses Deemed Unsafe		200 yd per res		x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking				NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ/Maple Shade, NJ				Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys				Title OM		Signature <i>Eric Keys</i>				Date 11/29/2018	

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

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625				Name of Contact William Byster Telephone Number (609)433-2001	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House						Type of Facility (4) <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.)			
Street Address 246 E Nantuxent Dr						Square Feet Varies		# of Floors Varies	
City (5) Downe Township						ldg. Age 10+			
County (6) Cumberland						County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services				ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.			
Street Address PO Box 365				Street Address 6626 Delilah Road		City, State, Zip Code Egg Harbor Township, NJ 08234			
City, State, Zip Code Berlin, NJ 08009				Telephone No. (856)452-1311		Telephone No. 609-567-1250		License No. 01172	
Project Manager for Monitoring Firm James Proctor				Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.			
Start Date (10) 11/26/2018									
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 type="checkbox"/> Other - Describe: vacant						Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009			
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type <div style="display: flex; justify-content: space-around;"> Removal Repair Encapsulate Enclosure </div>	
Houses Deemed Unsafe		X		Houses Deemed Unsafe		200 yd per res		x	
Name of Registered Waste Hauler Site Enterprises Inc./J.F. Fidler Trucking				NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA	
City, State Egg Harbor Township, NJ/Maple Shade, NJ				Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352			
Completed by Eric Keys				Title OM		Signature 		Date 11/29/ 018	

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

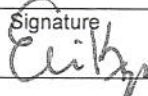
Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster Telephone Number (609)433-2001	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)	
Street Address 250 E Nantuxent Dr		Square Feet Varies	# of Floors Varies
City (5) Downe Township		ldg. Age 10+	
County (6) Cumberland		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCN No.	
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.	
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road	
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234	
Start Date (10) 11/26/2018		Telephone No. (856)452-1311	Telephone No. 609-567-1250
Scheduled Completion Date (11) 3/14/2019		License No. 01172	
Name of OSHA Monitor Health & Safety Services, Inc.		Current Use (Prior if being demolished) Housing Deemed Unsafe	
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 type="checkbox"/> Other - Describe: vacant			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Houses Deemed Unsafe	X	Houses Deemed Unsafe	200 yd per res
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Name of Registered Landfill CCIA	
Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352	
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>
		Date 11/29/2018	

NOCK

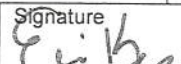
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)	
Agencies Notified	Type Notification	Street Address 33 West State Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Byster	Telephone Number (609)433-2001
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)	
Street Address 160 Bayview Road		Square Feet Varies	# of Floors Varies
City (5) Downe Township		Edg. Age 30+	
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365		Street Address 6626 Delilah Road	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234	
Project Manager for Monitoring Firm James Proctor	Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 3/14/2019	Name of OSHA Monitor Health & Safety Services, Inc.	
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 type="checkbox"/> Other - Describe: vacant		Street Address PO Box 365	
		City, State, Zip Code Berlin, NJ 08009	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Houses Deemed Unsafe			X
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019	Name of Registered Landfill CCIA
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i> Date 11/29/2018

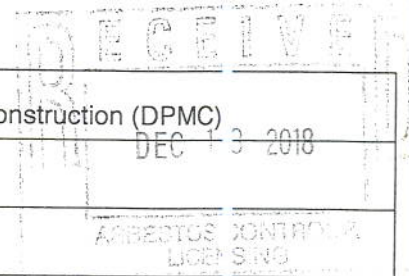
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 2018						
Agencies Notified	Type Notification	Street Address 33 West State Street						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625						
		Name of Contact William Byster	Telephone Number (609)433-2001					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)						
Street Address 181 Bayview Road		Square Feet Varies	# of Floors Varies					
City (5) Downe Township		Age 0+						
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234						
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250					
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172					
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.						
		Street Address PO Box 365						
		City, State, Zip Code Berlin, NJ 08009						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x		
Name of Registered Waste Hauler Site Enterprises Inc./J.F. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM	Signature 			Date 11/29/ 018		

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

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		DEC 13 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625		Name of Contact William Byster Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)		
Street Address 114 Bayview Road			Square Feet Varies		# of Floors Varies
City (5) Downe Township			Edg. Age 0+		
County (6) Cumberland			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm hired by Building Owner (8) Health & Safety Services			ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365			Street Address 6626 Delilah Road		
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Egg Harbor Township, NJ 08234		
Project Manager for Monitoring Firm James Proctor			Telephone No. (856)452-1311		License No. 01172
Start Date (10) 11/26/2018			Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.
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 type="checkbox"/> Other - Describe: vacant			Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009		
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) In Facility (13) Houses Deemed Unsafe		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) Houses Deemed Unsafe	
				Amount (Specify SF or LF) 200 yd per res	
				Abatement Type Removal Repair Encapsulate Enclosure	
				x	
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy	
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		Name of Registered Landfill CCIA	
City, State NJ/Maple Shade, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352	
Completed by Eric Keys		Title OM		Signature 	
				Date 11/29/2018	

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



Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		Street Address 33 West State Street	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Byster		Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)		
Street Address 116 Bayview Road			Square Feet Varies		# of Floors Varies
City (5) Downe Township			Idg. Age 10+		
County (6) Cumberland			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCN No.		Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365			Street Address 6626 Delilah Road		
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Egg Harbor Township, NJ 08234		
Project Manager for Monitoring Firm James Proctor			Telephone No. (856)452-1311		License No. 01172
Start Date (10) 11/26/2018			Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.
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 type="checkbox"/> Other - Describe: vacant			Street Address PO Box 365		
			City, State, Zip Code Berlin, NJ 08009		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Houses Deemed Unsafe		X		Houses Deemed Unsafe	
				200 yd per res	
				x	
Name of Registered Waste Hauler Site Enterprises Inc./J.F. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy	
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019		Name of Registered Landfill CCIA	
City, State Rosenhayn, NJ 08352		Signature <i>Eric Keys</i>		Date 11/29/2018	
Completed by Eric Keys		Title OM			

NOCK

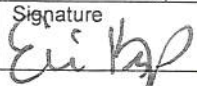
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
DEC 13 2018
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)				
Agencies Notified	Type Notification	Street Address 33 West State Street				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625				
		Name of Contact William Byster	Telephone Number (609)433-2001			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)				
Street Address 122 Bayview Road		Square Feet Varies	# of Floors Varies			
City (5) Downe Township		Bldg. Age 0+				
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASC No.	Name of Abatement Contractor (9) Site Enterprises, Inc.			
Street Address PO Box 365		Street Address 6626 Delilah Road				
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234				
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250			
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172			
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.				
		Street Address PO Box 365				
		City, State, Zip Code Berlin, NJ 08009				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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		
				Removal	Repair	Encapsulate
Houses Deemed Unsafe	Yes No N/A	Houses Deemed Unsafe	200 yd per res	x		
Name of Registered Waste Hauler Site Enterprises Inc./J.F. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA		
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019	City, State Rosenhayn, NJ 08352			
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>		Date 11/29/2018	

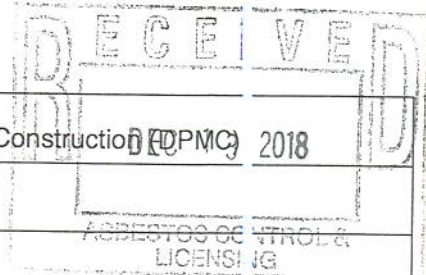
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED
DEC 3 2018

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)						
Agencies Notified	Type Notification	Street Address 33 West State Street						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Trenton, NJ 08625						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number (609)433-2001					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)						
Street Address 158 Bayview Road		Square Feet Varies	# of Floors Varies					
City (5) Downe Township		Edg. Age 0+						
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234						
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250					
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172					
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 type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.						
Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X		
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM	Signature 			Date 11/29/2018		

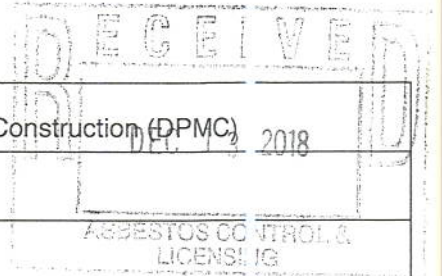
NOCK

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



Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 2018						
Agencies Notified	Type Notification	Street Address 33 West State Street						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Trenton, NJ 08625						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number (609)433-2001					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)						
Street Address 177 Bayview Road		Square Feet Varies	# of Floors Varies					
City (5) Downe Township		Edg. Age 10+						
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234						
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250					
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172					
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.						
Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x		
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM	Signature 			Date 11/29/2018		

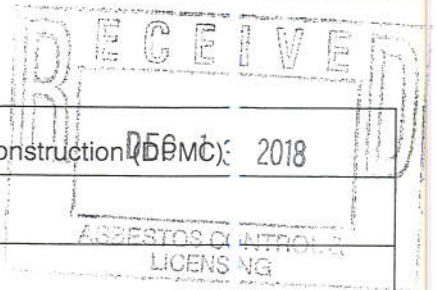
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



NO CK

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		2018	
Agencies Notified	Type Notification	Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster		Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)		
Street Address 34 Paris Road			Square Feet Varies		
City (5) Lawrence Township			# of Floors Varies		Edg. Age 0+
County (6) Cumberland			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365			Street Address 6626 Delilah Road		
City, State, Zip Code Berlin, NJ 08009			City, State, Zip Code Egg Harbor Township, NJ 08234		
Project Manager for Monitoring Firm James Proctor			Telephone No. (856)452-1311		License No. 01172
Start Date (10) 11/26/2018			Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.
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 type="checkbox"/> Other - Describe: vacant			Street Address PO Box 365		
			City, State, Zip Code Berlin, NJ 08009		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking			NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 3/14/2019		Name of Registered Landfill CCIA
City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>	
				Date 11/29, 2018	

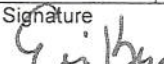
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction		2018	
Agencies Notified	Type Notification	Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster		Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)		
Street Address 118 & 120 Bayview Road			Square Feet Varies	# of Floors Varies	Edg. Age 10+
City (5) Downe Township			County Code (7) (STATE USE ONLY)		
County (6) Cumberland			Current Use (Prior if being demolished) Housing Deemed Unsafe		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.		
Street Address PO Box 365		Street Address 6626 Delilah Road			
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234			
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172	
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.	
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 type="checkbox"/> Other - Describe: vacant			Street Address PO Box 365		
			City, State, Zip Code Berlin, NJ 08009		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res
Name of Registered Waste Hauler Site Enterprises Inc./J.F. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA	
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352	
Completed by Eric Keys		Title OM	Signature 	Date 11/29/2018	

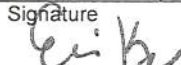
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED
DEC 13 2018
ASBESTOS CONTROL

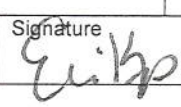
Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified	Type Notification	Street Address 33 West State Street					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 124 Bayview Road		Square Feet Varies	# of Floors Varies				
City (5) Downe Township		Edg. Age 0+					
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.				
Street Address PO Box 365		Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250				
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172				
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.					
		Street Address PO Box 365					
		City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe	Yes No N/A	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352			
Completed by Eric Keys		Title OM	Signature 	Date 11/29/2018			

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

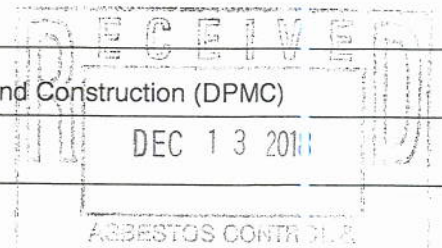
NOCK

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified	Type of Notification	Street Address 33 West State Street					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Trenton, NJ 08625					
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 138 Bayview Road		Square Feet Varies	# of Floors Varies				
City (5) Downe Township		Bldg. Age 30+					
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.				
Street Address PO Box 365		Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	License No. 01172				
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	Name of OSHA Monitor Health & Safety Services, Inc.				
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 type="checkbox"/> Other - Describe: vacant		Street Address PO Box 365					
		City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			
				Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe	Yes No N/A	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352			
Completed by Eric Keys		Title OM	Signature 	Date 11/29/2018			

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

Date of Notification ⁽¹⁾ 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		<div style="text-align: right; font-weight: bold;">RECEIVED</div> <div style="text-align: right;">DEC 13 2018</div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster		Telephone Number (609)433-2001	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)		
Street Address 142 Bayview Road			Square Feet Varies		# of Floors Varies
City (5) Downe Township			Bldg. Age 30+		
County (6) Cumberland			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.		
Street Address PO Box 365		Street Address 6626 Delilah Road			
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234			
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172	
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.	
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 type="checkbox"/> Other - Describe: vacant			Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009		
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes	No	N/A	
Houses Deemed Unsafe				X	Houses Deemed Unsafe
					200 yd per res
					x
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill
Site Enterprises Inc./J.P. Fidler Trucking		35220/32054		20 cy	CCIA
City, State		Disposal Date		City, State	
Egg Harbor Township, NJ		3/14/2019		Rosenhayn, NJ 08352	
Completed by		Title		Signature	Date
Eric Keys		OM			11/29/2018

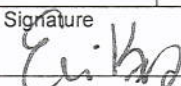
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



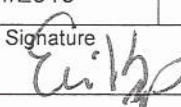
Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street					
		City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 144 Bayview Road		Square Feet Varies	# of Floors Varies				
City (5) Downe Township		Bldg. Age 30+					
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor	Telephone No. (856)452-1311	Telephone No. 609-567-1250	License No. 01172				
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 3/14/2019	Name of OSHA Monitor Health & Safety Services, Inc.					
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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365					
		City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 200 yd per res	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe		X	Houses Deemed Unsafe	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM	Signature 		Date 11/29/2018		

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

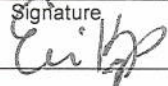
RECEIVED
DEC 13 2018
ASBESTOS CONTROL
DIVISION

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster		Telephone Number (609)433-2001					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House			Type of Facility (4) <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.)						
Street Address 148 Bayview Road			Square Feet Varies						
City (5) Downe Township			# of Floors Varies		Block, Age 3C +				
County (6) Cumberland			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6626 Delilah Road		City, State, Zip Code Egg Harbor Township, NJ 08234					
City, State, Zip Code Berlin, NJ 08009		Telephone No. (856)452-1311		Telephone No. 609-567-1250	License No. 01172				
Project Manager for Monitoring Firm James Proctor		Scheduled Completion Date (11) 3/14/2019		Name of OSHA Monitor Health & Safety Services, Inc.					
Start Date (10) 11/26/2018									
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 type="checkbox"/> Other - Describe: <u>vacant</u>			Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009						
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature 		Date 11/29/2018			

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

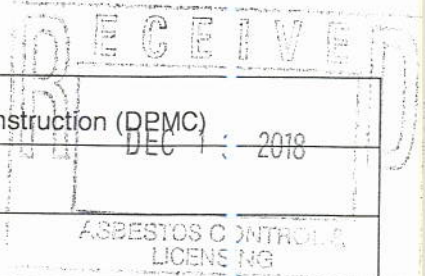
Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster Telephone Number (609)433-2001	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)	
Street Address 150 & 152 Bayview Road		Square Feet Varies	# of Floors Varies
City (5) Downe Township		Bldg. Age 30+	
County (6) Cumberland		County Code (7) (STATE USE ONLY) 	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 	Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365		Street Address 6626 Delilah Road	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234	
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172
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 type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Houses Deemed Unsafe		X	Houses Deemed Unsafe
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy
City, State Egg Harbor Township, NJ		Disposal Date 3/14/2019	Name of Registered Landfill CCIA
City, State NJ/Maple Shade, NJ		City, State Rosenhayn, NJ 08352	
Completed by Eric Keys		Title OM	Signature 
		Date 11/29/2018	

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

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified	Type of Notification	Street Address 33 West State Street					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 154 & 156 Bayview Road		Square Feet Varies	# of Floors Varies				
City (5) Downe Township		Bldg. Age 30+					
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.				
Street Address PO Box 365		Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250				
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172				
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.					
		Street Address PO Box 365					
		City, State, Zip Code Berlin, NJ 08009					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			
				Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe	Yes No N/A	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 3/14/2019	City, State Rosenhayn, NJ 08352				
Completed by Eric Keys		Title OM	Signature 		Date 11/29/2018		

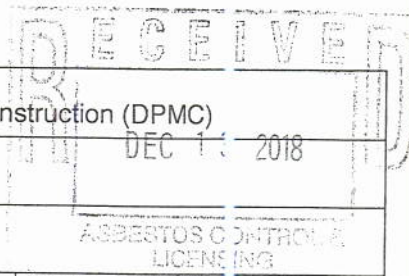
WOLF

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



Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified	Type of Notification	Street Address 33 West State Street					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Trenton, NJ 08625					
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 146 Bayview Road		Square Feet Varies	# of Floors Varies				
City (5) Downe Township		Bldg. Age 30+					
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing Deemed Unsafe				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.				
Street Address PO Box 365		Street Address 6626 Delilah Road					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234					
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250				
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 3/14/2019	License No. 01172				
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address PO Box 365					
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Berlin, NJ 08009					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Encapsulate
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X	
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking	NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ	Disposal Date 3/14/2019		City, State Rosenhayn, NJ 08352				
Completed by Eric Keys	Title OM	Signature <i>Eric Keys</i>	Date 11/29/2018				

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

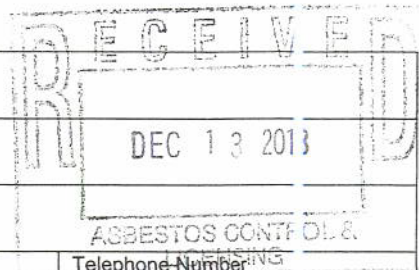


NOCK

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)					
Agencies Notified	Type Notification	Street Address 33 West State Street					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625					
		Name of Contact William Byster	Telephone Number (609)433-2001				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <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.)					
Street Address 162 Bayview Road	City (5) Downe Township		Square Feet Varies				
County (6) Cumberland	County Code (7) (STATE USE ONLY)	# of Floors Varies	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Current Use (Prior if being demolished) Housing Deemed Unsafe					
Street Address PO Box 365	ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.					
City, State, Zip Code Berlin, NJ 08009	Telephone No. (856)452-1311	Street Address 6626 Delilah Road					
Project Manager for Monitoring Firm James Proctor	Telephone No. (856)452-1311	City, State, Zip Code Egg Harbor Township, NJ 08234	License No. 01172				
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 3/14/2019	Name of OSHA Monitor Health & Safety Services, Inc.					
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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Berlin, NJ 08009					
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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			
				Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe	Yes No N/A	Houses Deemed Unsafe	200 yd per res	x			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking	NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA				
City, State Egg Harbor Township, NJ	Disposal Date 3/14/2019	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys	Title OM	Signature <i>Eric Keys</i>			Date 11/29/2018		

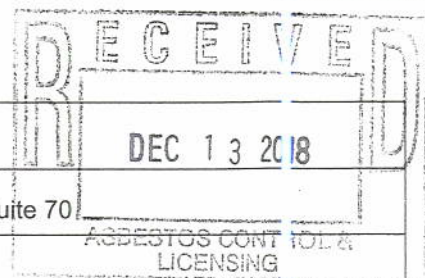
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID



Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Marvin Whitest (Private Home)					
Agencies Notified	Type of Notification	Street Address [REDACTED]					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Burlington NJ 08016					
		Name of Contact John baptista	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Marvin Whitest (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 building, homes, etc.)					
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2				
City (5) Burlington NJ 08016		Bldg. Age 50+					
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 10/11/18		Scheduled Completion Date (11) 10/13/18	Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: HOME OWNER WILL BE HOME NORMAL HOURS		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input 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) 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			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A	Tile only	600 SF	x			
Name of Registered Waste Hauler United Containers		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 10/13/18		City, State Morrisville PA 1960			
Completed by Anthony T Perna		Title President	Signature 	Date 12/10/18			

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



Date of Notification (1) 12/11/18		Name of Building Owner/Operator (2) Ameritrust Residential Services		DEC 13 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3525 Piedmont Road NE, Building 7 Suite 70 City, State, Zip Code Atlanta, GA, 30305 Name of Contact Ameritrust Residential Services Telephone Number 844-554-0196	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 1600 Myrtle Avenue			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 1600 Myrtle Avenue			Square Feet		
City (5) Plainfield			# of Floors		
County (6) Union			Bldg Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address				Street Address 6 WHITE DOVE COURT	
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	
License No.				License No. 1200	
Start Date (10) 12/23/18		Scheduled Completion Date (11) 12/30/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:				Street Address 6 WHITE DOVE COURT	
				City, State, Zip Code LAKEWOOD, NJ 08701	
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	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Interior				Flooring	400SF
				Piping	100LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 12/30/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	
				Date 12/11/18	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)



OK 35551

PAID

Date of Notification (1)
12 / 10 / 18

Name of Building Owner/Operator (2)
Kenneth Bowden

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA (NJAC 5:23-8)

Type of Notification
☒ Initial
☐ Amended
☐ Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Normandy Beach, NJ 08739

Name of Contact
Kenneth Bowden

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
[REDACTED]

City (5)
Seaside Heights

County (6)
Ocean

County Code (7) (STATE USE ONLY)
Residence

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
1500 sf

of Floors
1

Bldg Age
80

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCN No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
12 / 20 / 18

Scheduled Completion Date (11)
12 / 21 / 18

Name of OSHA Monitor
E.M.S.L. Analytical

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
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
09/28/18

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

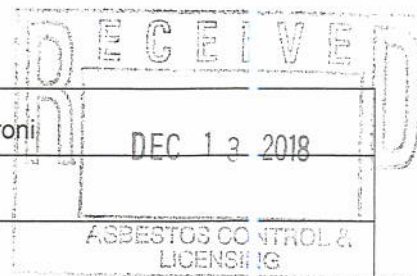
Title
Project Manager

Signature
[Signature]

Date
12/10/18

PAID

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



Date of Notification (1) 12/05/2018		Name of Building Owner/Operator (2) Pointe Developers Retail, LLC- Seth Yaroni		DEC 13 2018						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of 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 P.O Box 3039 City, State, Zip Code South Amboy, NJ 08879 Name of Contact Seth Yaroni Telephone Number 732-921-3241						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]			Square Feet 3850 # of Floors 3 Bldg Age 50+							
City (5) Jersey City, 07306			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residential							
County (6) Hudson										
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address				Street Address 63 Leather Sticking Path						
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 862-264-9463 License No. 01306						
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 01/05/2019		Name of OSHA Monitor Nari Construction, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 63 Leather Sticking Path City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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	
					X	See Attached	See Attached	X		X
					X			X		X
					X			X		X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535		Cubic Yards of Waste 20 CY		Name of Registered Landfill G.R.O.W.S				
City, State Lincoln Park, NJ				Disposal Date TBD		City, State Morrisville, PA				
Completed by Igor Jezdimirovic		Title P. Manager		Signature 		Date 12/05/2013				

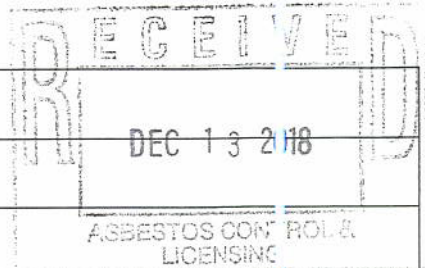


Location	Material	Quantities
Basement	Gray Pipe Insulation/Fittings	150 LF of Pipe Insulation and Debris, 56 Fittings
Basement	Gray Pipe Insulation/Fittings	
Basement	Gray Pipe Insulation/Fittings	
Basement	Gray/White Duct Tape/Paper	8 Duct lines only 3 feet of each exposed. Total 25 SF
Basement	Gray/White Duct Tape/Paper	
Basement	Gray/White Duct Tape/Paper	
Basement	Gray/White Plaster Base Layer	150 SF of Debris and 150 SF above Boiler
Basement	Gray/White Plaster Base Layer	
Basement Stairs	Gray/White Plaster Base Layer	175 SF
1st Floor under Carpet by Main Entrance	9x9 White/Brown/Green Vinyl Floor Tile	180 SF Additional Room 100 SF and 40 SF of the hall
1st Floor under Carpet by Main Entrance	9x9 White/Brown/Green Vinyl Floor Tile	
1st Floor Bedroom	White/Gray Plaster Base Layer	2,950 SF
2nd Floor Bedroom above Ceiling Tile	Gray/White Plaster Base Layer	Roughly 2,500 to 3,000 SF
2nd Floor Bedroom above Ceiling Tile	Gray/White Plaster Base Layer	
3rd Floor Roof Fire Space	Black Rolled Roofing	20 SF and 6 more window over-hang, 15 SF each
Exterior	Gray/White Transite	4,800 SF
Exterior	Gray/White Transite	

CK 1900

PAID

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

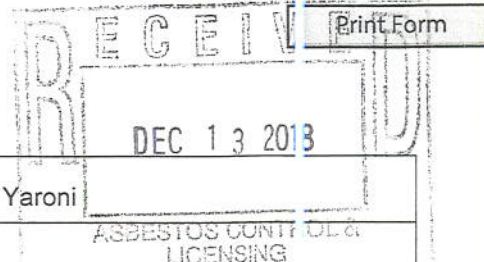


Date of Notification (1) 12-05-18		Name of Building Owner/Operator (2) IBN Construction Corp					
Agencies Notified	Type Notification	Street Address 49 Hermon St.					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105					
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet	# of Floors				
City (5) Little Falls		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)		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.				
Street Address		Street Address 522 7th St.					
City, State, Zip Code		City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603				
Start Date (10) 12-06-18		Scheduled Completion Date (11) 12-08-18	License No. 01206				
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 Delfa Contracting LLC					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 522 7th St.					
		City, State, Zip Code Union City NJ 07087					
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Entire Property	Yes No N/A	Demolition Asbestos Debris					
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. 2912	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Enterprises			
City, State Linden, PA		Disposal Date 12-07-18		City, State Waynesburg, Ohio			
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 12-06-18		

CK1476

PAID

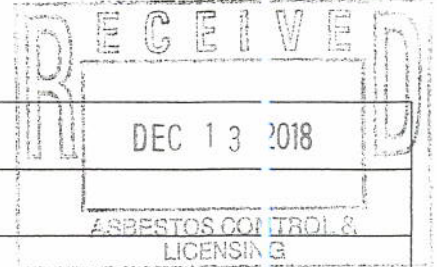
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/05/2018		Name of Building Owner/Operator (2) Pointe Developers Reatail, LLC- Seth Yaroni					
Agencies Notified	Type Notification	Street Address P.O Box 3039					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Amboy, NJ 08879					
		Name of Contact Seth Yaroni	Telephone Number 732-921-3241				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)					
Street Address [REDACTED]		Square Feet 5550	# of Floors 4				
City (5) Jersey City, 07306		Bldg. Age 50+					
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC				
Street Address		Street Address 63 Leather Stocking Path					
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463				
Start Date (10) 12/21/2018		Scheduled Completion Date (11) 01/05/2019	License No. 01306				
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 Nari Construction, LLC					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
First Floor	Yes	No	N/A	X		X	
Roof/Lower, Vents and Chimney			X	X		X	
Exterior of House and Garage			X	X		X	
Garage			X	X		X	
Name of Registered Waste Hauler Nari Construction, LLC	NJDEP Waste Hauler ID No. 0037535		Cubic Yards of Waste 20 CY	Name of Registered Landfill G.R.O.W.S			
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Igor Jezdimirovic	Title P. Manager		Signature 		Date 12/05/2013		

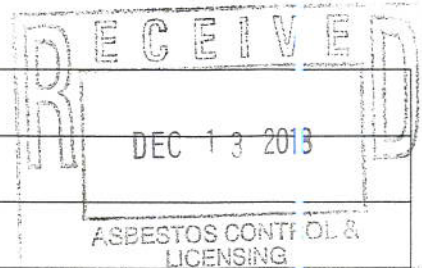
PAID

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



Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) John Macko (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		Street Address [REDACTED]						
	<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 Manahawkin NJ 08050						
	Name of Contact John		Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) John Macko (Private Home) Street Address [REDACTED] City (5) Manahawkin NJ 08050 County (6) Ocean County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM 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) 12/20/18		Scheduled Completion Date (11) 12/28/18	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</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) 1200 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
					x	x			
Name of Registered Waste Hauler United Containers		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 12/28/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 		Date 12/10/18			

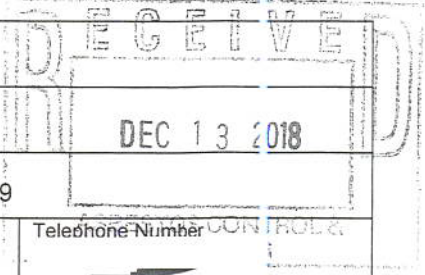
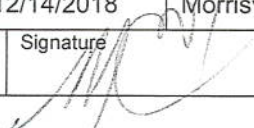
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Wayne Everett					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bordentown, NJ					
		Name of Contact Wayne Everett	Telephone Number 1				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 building, homes, etc.)					
Street Address [REDACTED]		Square Feet	# of Floors				
City (5) Bordentown		Bldg. Age					
County (6) Burlington		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) AAA LEAD PROFESSIONALS				
Street Address		Street Address 6 WHITE DOVE COURT					
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078				
Start Date (10) 12/19/18		Scheduled Completion Date (11) 12/24/18	License No. 1200				
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:		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
		Street Address 6 WHITE DOVE COURT					
		City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			
				Removal	Repair	Encapsulate	Enclosure
Interior	Yes	No	N/A	Floor Tile	150SF	x	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 12/24/18		City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/10/18	

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

Check # 25744

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Roache					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Silver, NJ 07739					
		Name of Contact Linda Roache		Telephone Number [REDACTED]			
FACILITY INFORMATION							
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) Little Silver, NJ 07739			Square Feet 2500	# of Floors 2	Bldg. Age 9(+/-)		
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.			
Street Address PO Box 341		Street Address PO Box 322					
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070		Telephone No. 609 259-9688	License No. 00493		
Start Date (10) 12/12/2018		Scheduled Completion Date (11) 12/13/2018		Name of OSHA Monitor MECS			
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 PO Box 341			
				City, State, Zip Code Chesterfield, NJ 08515			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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			
				Removal	Repair	Encapsulate	Enclosure
Crawl Space	X	Thermal Pipe & Debris	12 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 12/14/2018		City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager	Signature 		Date 12/10/2018		

00002/0004

CK 25744

PAID

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

Check # 25744

Print Form

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Roache	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" 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	
Name of Facility Where Abatement is Taking Place (3) Residential		Street Address [REDACTED]	
City (4) Little Silver, NJ 07739		City, State, Zip Code Little Silver, NJ 07739	
County (5) Monmouth		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code Crosswicks NJ 08515		Street Address PO Box 322	
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 18601	
Start Date (10) 12/12/2018		Telephone No. 609 258-9688	
Scheduled Completion Date (11) 12/13/2018		License No. 00493	
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 MECS	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		Street Address PO Box 341	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Chesterfield, NJ 08515	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fragile Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Crawl Space		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA7, or other miscellaneous)		Amount (Specify SF or LF) 12 lf	
Abatement Type Removal Repair Encapsulate Entertain X			
Name of Registered Waste Hauler Stevens Environmental Services		NJ DEP Waste Hauler ID No. 18292	
City, State Allentown, NJ		Cubic Yards of Waste 1 cu	
Disposal Date 12/14/2018		Name of Registered Landfill Fairfax Landfill	
City, State Mooresville, PA			
Completed by Mahlon E. Stevens		Title Project Manager	
Signature [Signature]		Date 12/10/2018	

PAID

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

Ck# 1968

Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) East Newark Town Center LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 13 2018 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified		Type Notification				Street Address 900 Passaic Ave		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Newark, New Jersey		
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Building # 64			Type of Facility (4)					
Street Address 900 Passaic 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) East Newark			Square Feet 25,000	# of Floors 3	Bldg. Age 50+			
County (6) Essex			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Space			
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	License No. 01255			
Start Date (10) 12/19/18		Scheduled Completion Date (11) 01/31/19		Name of OSHA Monitor Harmony Contracting Inc				
Occupancy Status During Abatement (Check Only One)			Street Address 360 Palisade Ave					
<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: Scheduled for Demo			City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All that Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf								
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st Floor		x	Pipe Insulation	37 LF	x			
2nd Floor		x	Floor Tile	780 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill			
City, State Riverdale, NJ				Disposal Date TBD	City, State Bethlehem, PA			
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 12/5/18		

OK 2776

PAID

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

RECEIVED
DEC 13 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 7 / 18		Name of Building Owner/Operator (2) Ramapo College of NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 505 Ramapo Valley Rd City, State, Zip Code Mahwah, NJ 07430 Name of Contact Joe Telephone Number 1908-878-1763							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ramapo College - Linden Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 505 Ramapo Valley Rd		Square Feet 50,000	# of Floors 50 yrs						
City (5) Mahwah	County (6) Bergen	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Owner has hired his own.		Name of Abatement Contractor (9) Academy Construction Inc.							
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01379						
Start Date (10) 12 / 19 / 18	Scheduled Completion Date (11) 12 / 31 / 18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure *Wrap and Cut 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 systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st flr 14 sprinkler heads 35lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Pipes, White dope on threads	35lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd flr sprinkler heads 20lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Pipes, White dope on threads	20lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3rd flr 11 sprinkler heads 20lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Pipes, White dope on threads	20lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4th flr 11 sprinkler heads 20lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Pipes, White dope on threads	20lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) John Geleski		Title PM		Signature 			Date 12/7/18		

CK 2324

PAID

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

2324

Print Form

RECEIVED
DEC 13 2018
NJ DEPT OF ENVIRONMENTAL PROTECTION
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
12/06/18

Agencies Notified

☒ EPA
☐ DEP
☒ DOL

☒ DOH
☒ DCA

Name of Building Owner/Operator (2)
Holy Trinity Church

Street Address
315 First St.

City, State, Zip Code
Westfield, NJ 07079

Name of Contact
Keith Gibbons

Telephone Number
908-723-4343

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holy Trinity School

Street Address
336 First St.

City (5)
Westfield

County (6)
Essex

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
unknown

of Floors
2

Bldg. Age
50+

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants Inc.

ASCM No.
00079

Name of Abatement Contractor (9)
Lesco Services Inc.

Street Address
20-21 Wagaraw Rd. Bldg 35E

Street Address
156 Maple Ave.

City, State, Zip Code
Fair Lawn, NJ 07410

City, State, Zip Code
Wallington, NJ 07057

Project Manager for Monitoring Firm
Frederick Larson

Telephone No.
973-636-9145

Telephone No.
862-221-9092

License No.
01107

Start Date (10)
12/20/18

Scheduled Completion Date (11)
01/15/19

Name of OSHA Monitor
Leslaw Nalodka

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address
156 Maple Ave.

City, State, Zip Code
Wallington, NJ 07057

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-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
Gymnasium		*		mastic / tar paper	7210sf.	*			

Name of Registered Waste Hauler
Newark Carting Inc.

NJDEP Waste Hauler ID No.
05409

Cubic Yards of Waste
90

Name of Registered Landfill
GCSL

City, State
Newark, NJ

Disposal Date
01/16/19

City, State
Pen Argyl, PA

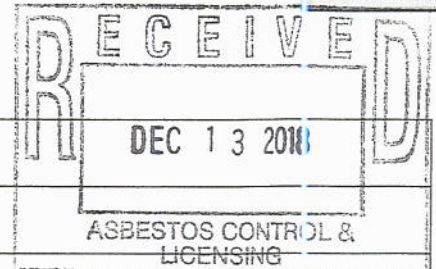
Completed by
Leslaw Nalodka

Title
President

Signature

Date
12/06/18

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



Date of Notification (1) DECEMBER 05 2018		CHECK #99		Name of Building Owner/Operator (2) RONALD T MADDOCK	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 RIDGFIELD PARK NJ. 07660 Name of Contact RON	
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED] City (5) RIDGFIELD PARK NJ 07660 County (6) BERGEN				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.) Square Feet 50X100 # of Floors 2 Bldg. Age 50 YEARS	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) EMPTY			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC	
Street Address				Street Address 24 CHURCH ST	
City, State, Zip Code				City, State, Zip Code ELMWOOD NJ, 07407	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 873-9418 License No. 01301	
Start Date (10) 12-14-2018		Scheduled Completion Date (11) 12-15-2018		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 TO 3:30				Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ, 07407	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION Amount (Specify SF or LF) 25	
				Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB	
City, State PEN ARGYL PA				Name of Registered Landfill GRAND CENTRAL	
Completed by LUIS ARCILA		Title PRESIDENT		Signature [Signature] Date 12/05/18	

PAID

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

Check# 13365

GAC Project # 060-18

Date of Notification (1) December 10, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF N.J.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) RU GYM, BLDG# 3097		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
Street Address COLLEGE AVENUE CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
City (5) NEW BRUNSWICK		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County (6) MIDDLESEX		Telephone Number 848-445-2550	
County Code (7) (State Use Only)		ASBESTOS CONTROL & TESTING	
FACILITY INFORMATION			
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.)		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Current Use (prior if being demolished): ACADEMIC			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 973-492-0477	
Telephone Number 609-386-8800		License Number 00840	
Scheduled Start Date (10) 12/19/18		Name of OSHA Monitor ENVIROVISION, INC.	
Scheduled Completion Date (11) 12/24/18		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Room 036	<input checked="" type="checkbox"/>	Thermal System Insulation	<9 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc. Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/24/2018	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 10, 2018

Copies To: Rutgers, REHS Attn: Mike Smith and ATC, Attn: Brian Kearney

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

Date of Notification (1)

12/9/2018

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☒ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Alexandra Kenney

Street Address

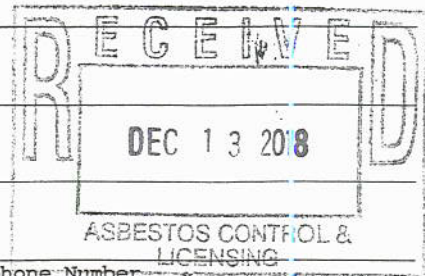
City, State, Zip Code

Jersey City, NJ,

Name of Contact

Alexandra Kenney

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Alexandra Kenney

Street Address

City

Jersey City

County hudson

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

ASCM No.

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12-8-12

Month Day Year

Sched. Completion Date (11)

12-10-18

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «Other Hours Describe»☐ Other - Describe: «Other Occupancy Describe»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
X			
X			

Basement

X

Pipe insulation

135 LF

X

"

X

Boiler insulation

6 SF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

12-11-18

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

12/9/2018

5342

PAID

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

RECEIVED

DEC 7 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1)

11/27/18

Agencies Notified

- ☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

- ☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Pineland Construction

Street Address

300 77th Street

City, State, Zip Code

Sea Isle City, NJ 08234

Name of Contact

Frank

Telephone Number

609 425 9397

Name of Facility Where Abatement is Taking Place (3)

Rosa

FACILITY INFORMATION

Type of Facility (4)

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

Street Address

City (5)

Sea Isle

Square Feet

of Floors

Bldg. Age

County (6)

Cape May

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)

Ami Ice Abatement Demolition LLC

Street Address

Street Address

1212 Burlington Ave

City, State, Zip Code

Delanco NJ 08015

Telephone No.

609-346-5916

License No.

C1070

Start Date (10)

12/7/18

Scheduled Completion Date (11)

11/17/18

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

- ☐ Renovation
☒ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Amount
(Specify
SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Enclosure

out side

Siding

4500 SF

Name of Registered Waste Hauler

Ami Ice LLC

City, State

Delanco NJ

NJDEP Waste
Hauler ID No.
20947

Cubic Yards
of Waste

Name of Registered Landfill

16M of PA

Disposal Date

1.3.18

City, State

Delanco NJ

Completed by

Joseph T Hall

Title

V. President

Signature

JTH

Date

11/27/18