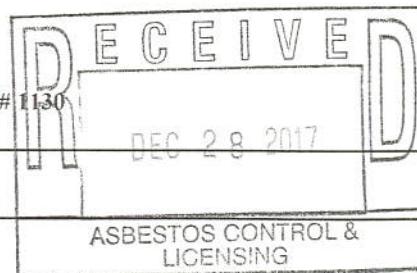


CH 1130

PAID

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

Check # 1130



Date of Notification (1) <b>12/27/2017</b>		Name of Building Owner/Operator (2) <b>HOUGH PETROLEUM</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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	STREET ADDRESS <b>340 4TH STREET</b>	ASBESTOS CONTROL & LICENSING
	<input type="checkbox"/> Amended Amendment #	City, State, Zip Code <b>EWING, NJ 08638</b>	
	<input type="checkbox"/> Emergency (including justification)	Name of Contact <b>DAVID D'ANDREA</b>	
	<input type="checkbox"/> Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>HOUGH PETROLEUM</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>340 4TH STREET</b>			
City (5) <b>EWING, NJ 08638</b>		Square Feet	# of Floors Bldg. Age
County <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>	ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
Street Address <b>P.O. BOX 341</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>		City, State, Zip Code <b>Hamilton, NJ 08691</b>	
Project Manager for Monitoring Firm <b>WILLIAM WEISGARBER</b>	Telephone No. <b>609-915-1140</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>1/18/2018</b>	Scheduled Completion Date (11) <b>1/12/2018</b>	Name of OSHA Monitor <b>MECS</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <b>ESSENTIAL PERSONNEL/EVENING 5PM-12AM</b>		Street Address <b>P.O. BOX 341</b>	
		City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT				TRANSITE BOARDS	784 SQ. FT.	X			

Name of Registered Waste Hauler <b>CHAMPION DISPOSAL SERVICES</b>	NJDEP Waste Hauler ID No. <b>32707</b>	Cubic Yards of Waste <b>5 YDS</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>HAINESPORT, NJ</b>	Disposal Date <b>1/15/2018</b>	City, State <b>MORRISVILLE, PA.</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature 27-Mar <i>David D'Andrea</i>	Date <b>12/27/2017</b>

ASB-41

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

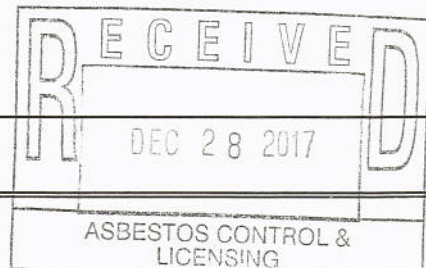


CK 12/18

State of NJ

D&amp;S Proj. #: 18-03

PAID

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

Date of Notification (1) 12/12/17		Name of Building Owner/Operator (2) kristin schmitz	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact kristin schmitz	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) kristin schmitz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) MAPLEWOOD			County (6) essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/05/18			Sched. Completion Date (11) 01/26/18		
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: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Street Address	
City, State, Zip Code				City, State, Zip Code	
Project Manager for Monitoring Firm		Phone Number		Telephone Number	
Start Date (10)		Sched. Completion Date (11)		License Number	
01/05/18		01/26/18		01169	
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				D & S Restoration, Inc.	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				Street Address	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				20 California Avenue	
				City, State, Zip Code	
				Paterson, NJ 07503	

Scope of Work (check all that apply)				Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input type="checkbox"/> Demolition							

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		bare heating pipes	30 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/06/17		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/22/17	

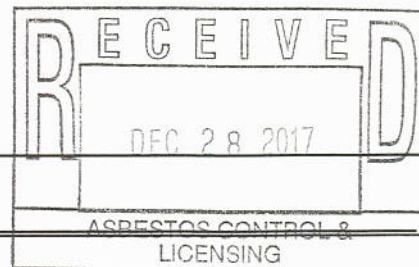


CK 7162

D&amp;S Proj. #: 17-347

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

PAID



Date of Notification (1) 12/12/10/17		Name of Building Owner/Operator (2) carol egan	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code stockholm, nj 07460	
Name of Contact carol egan		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) carol egan			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) stockholm	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code [REDACTED]		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 12/28/17		Sched. Completion Date (11) 01/12/18		Street Address 20 California Avenue	
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: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503		[REDACTED]	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement		X		boiler insulation	40 sq ft	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/29/17		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 12/20/2017	

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



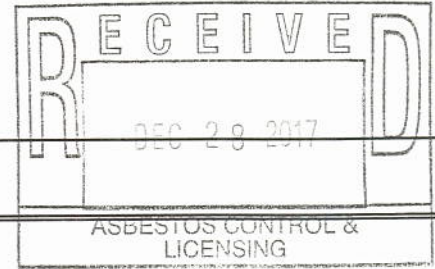
CK 7204

State of NJ

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

D&amp;S Proj. #: 18-01

PAID



Date of Notification (1) 11/21/12 10/11/17		Name of Building Owner/Operator (2) ruth e. payer	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code dunellen, nj 08812	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ruth e. payer	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ruth e. payer			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) dunellen	County (6) middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/03/18	Sched. Completion Date (11) 01/26/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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				

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	105 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/04/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/20/ 2017

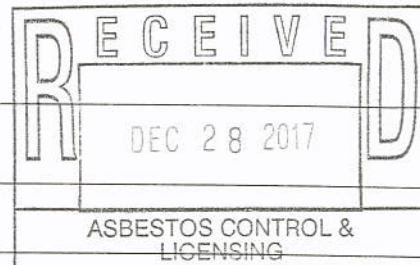
\* Do not use this form for asbestos licensure exempted activities.



OK 4517

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

**PAID**

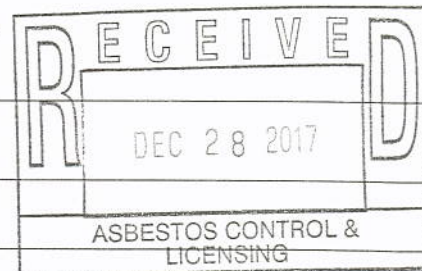


Date of Notification (1) <b>12 / 22 / 17</b>		Name of Building Owner/Operator (2) <b>Ramblewood Village Apartments</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601A Country Club Parkway</b>							
		City, State, Zip Code <b>Mount Laurel, NJ 08054</b>							
		Name of Contact <b>Ed Molloy - ATI Restoration</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ramblewood Village Apartments</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>601A Country Club Parkway</b>									
City (5) <b>Mount Laurel</b>		Square Feet <b>5,000</b>	# of Floors <b>2</b> Bldg. Age <b>80</b>						
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Apartment</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>309 Fellowship Road, Suite 200</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>John Murphy</b>		Telephone No. <b>908-721-2302</b>	Telephone No. <b>856-755-0099</b> License No. <b>00842</b>						
Start Date (10) <b>01 / 02 / 18</b>	Scheduled Completion Date (11) <b>01 / 12 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Pine Cove Unit 14A Utility Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wallboard and Ceiling	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>01/12/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>12/22/17</b>		



CK 4518

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



Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) Ramblewood Village Apartments							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601A Country Club Parkway City, State, Zip Code Mount Laurel, NJ 08054 Name of Contact Ed Molloy - ATI Restoration Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ramblewood Village Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 601A Country Club Parkway		Square Feet 5,000	# of Floors 2						
City (5) Mount Laurel		Bldg. Age 80							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 309 Fellowship Road, Suite 200		Street Address 623 Cutler Avenue							
City, State, Zip Code Mount Laurel, NJ 08054		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Murphy		Telephone No. 908-721-2302	License No. 00842						
Start Date (10) 01 / 02 / 18	Scheduled Completion Date (11) 01 / 12 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Holly Cove Unit 53A Utility Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wallboard and Ceiling	150 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 01/12/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/22/17			



## NOTIFICATION OF ASBESTOS ABATEMENT

Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

12/22/2017

Name of Building Owner/Operator (2)

Rose Franco

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

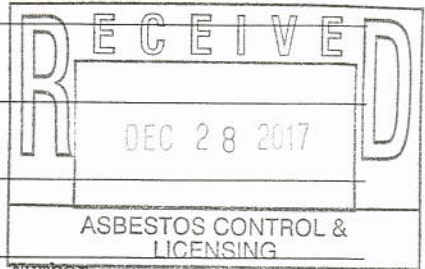
City, State, Zip Code

Summit, NJ, 07901

Name of Contact

Kevin Ball

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Rose Franco

Street Address

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

City (5)

Summit

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

1/ 09/ 17

Month Day Year

Sched. Completion Date (11)

1/ 11/ 17

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

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

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☐ Glove-bag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Boiler Insulation	15 SF	X			
				Pipe Insulation	20 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

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

1/12/17

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

12/22/2017



CL 88803

Print Form

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

RECEIVED
DEC 28 2017
ASBESTOS CONTROL & LICENSING



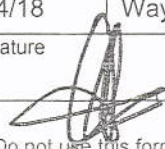
Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Stock Development Group	
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902	
		Name of Contact Glen Stock	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Exxon Mobil Synthetics Plant - Building 6		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 2195 Route 27		Square Feet 10,000	# of Floors N/A
City (5) Edison		Bldg. Age 68	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant/Lab Facility	
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk	
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 133 Beach 98th Street	
		City, State, Zip Code Rockaway Park, NY 11694	

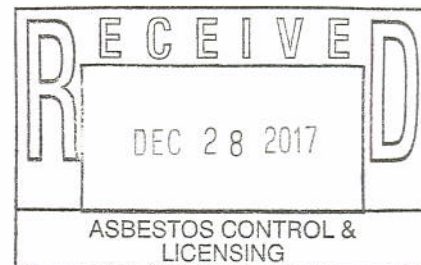
## Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Caulking	50 SF	X			
Exterior			X	Tarpaper/Sealant	807 SF	X			
See attached quantity table for 									
additional ACM 									
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967				Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688				
Completed by Ann Ali		Title Compliance Admin		Signature 		Date 12/22/2017			



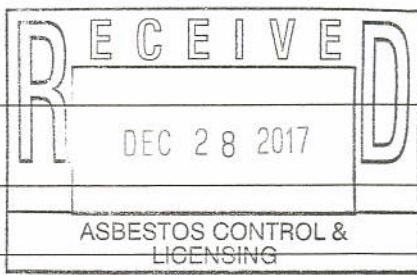
<b>Bldg 6</b>				
			<b>Quantities</b>	
<b>Floor</b>	<b>Location</b>	<b>ACM</b>	<b>SF</b>	<b>LF</b>
B-3	Entire	Pipe Insulation/Fittings		580
B-3	Entire	Transite Hoods	3000	
1	Entire	Transite Pipe		20
1-3	Entire	Cove Molding Mastic	1700	
1-3	Entire	VAT & Mastic	1,840	
B	Entire	Gaskets	100	
B-3	Entire	Fire Doors	100	
Exterior	Entire	Caulking	50	
Exterior	Entire	Sealant	819	
Exterior	Entire	Waterproofing/Mastic	5000	
Roofs	Entire	Roofing/Flashing/Tar	7500	
1st	Entire	Transite	300	
1st	Entire	Pipe Insulation		750
2nd	Entire	Pipe Insulation		750
		<b>Totals</b>	<b>20409</b>	<b>2100</b>





0152

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




PAYED

Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 53 E. Mount Pleasant Avenue City, State, Zip Code Livingston, NJ 07039 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 53 E. Mount Pleasant Avenue		Square Feet 10,000							
City (5) Livingston, NJ 07039		# of Floors 3	Bldg. Age 50						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 01 / 08 / 18	Scheduled Completion Date (11) 01 / 26 / 18	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement HSB Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 01/15/18	City, State Morrisville, PA						
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 				Date 12-26-17			



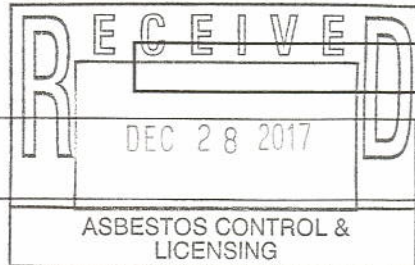
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/22/17		Name of Building Owner/Operator (2) Lockheed Martin, Inc.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 28 2017   ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 199 Borton Landing Road		City, State, Zip Code Moorestown, NJ 08057							
Name of Contact Brad Heim		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lockheed Martin				Type of Facility (4)					
Street Address 199 Borton Landing Road				<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) Moorestown				Square Feet 530,000	# of Floors 1				
County (6) Burlington				County Code (7) (STATE USE ONLY) _____	Bldg. Age 53				
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental			ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 760 Pulaski Highway			Street Address 923 Haws Ave.						
City, State, Zip Code Bear, DE 19701			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Charles Styles			Telephone No. 302-326-2333	Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 1/10/18		Scheduled Completion Date (11) 12/31/18		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 923 Haws 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: <u>work areas isolated</u>				City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 101,102,103,104,108,109,127		X		floor tile/linoelum/mastic	10,000SF	X			
Bldg. 101,102,103,104,108,109,127		X		pipe/fittings insulation	1,000LF	X			
Bldg. 101,102,103,104,108,109,127		X		fireproofing	5,000SF	X			
Bldg. 101,102,103,104,108,109,127		X		transite	3,000SF	X			
Name of Registered Waste Hauler Waste Management of Camden, Inc.			NJDEP Waste Hauler ID No. 39126	Cubic Yards of Waste 120	Name of Registered Landfill TRRF				
City, State Camden, NJ			Disposal Date various		City, State Tullytown, PA				
Completed by James M. Kelly			Title Vice President		Signature 		Date 12/22/17		



## NOTIFICATION OF ASBESTOS ABATEMENT

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



Check#2945

Date of Notification (1) 12 / 23 / 17		Name of Building Owner/Operator (2) Bailey Walsh	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Morristown, NJ 07960 Name of Contact Bailey Walsh	
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Morristown, NJ 07960		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
County (6) Morris	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors
Current Use (Prior if being demolished)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 01 / 04 / 18	Scheduled Completion Date (11) 01 / 05 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 12/23/17	



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

2226  
Check ~~2242~~

**PAID**

<b>RECEIVED</b>	
DEC 28 2017	
ASBESTOS CONTROL & REMEDIATION	

Date of Notification (1) <b>12/19/2017</b>		Name of Building Owner / Operator (2) <b>Michael Billig</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code <b>Burlington, NJ</b>	
Name of Contact <b>Michael Billig</b>		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1200</b>		
City (5) <b>Burlington</b>			# of Floors <b>2</b>		
County (6) <b>Burlington</b>			Bldg. Age <b>50+</b>		
County Code (7)			Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address			Street Address <b>2129 Route 33</b>		
City, State & Zip Code			City, State & Zip Code <b>Hamilton, NJ 08610</b>		
Project Manager for Monitoring Firm			Telephone Number <b>609-847-2956</b>		
Telephone Number			License Number <b>01222</b>		
Scheduled Start Date (10) <b>12/28/2017</b>		Scheduled Completion Date (11) <b>12/29/2017</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement				Street Address <b>107 Haddon Ave.</b>	
				City, State & Zip Code <b>Westmont, NJ 08108</b>	

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Duct Insulation</b>	<b>60lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>Various</b>		City, State <b>Morrisville, PA</b>	

Completed By (Print or Type)

*TRACY SISK*

Title

*PROJECT MGR*

Signature

*TRACY SISK*

Date

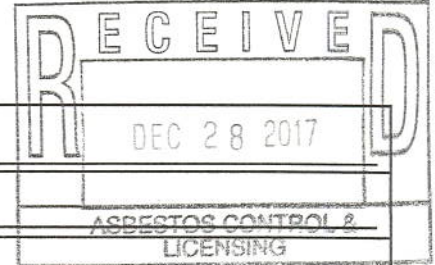
*12/19/17*



PAID

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

CK #1861



Date of Notification (1) <u>12/22/17</u>		Name of Building Owner/Operator (2) <u>Abandoned Buildings/TJ Excavation</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>4607 Ocean Heights Ave.</u>							
		City, State, Zip Code <u>Mays Landing, NJ 08330</u>							
		Name of Contact <u>Tom Surace</u>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Abandoned Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <u>6316-6320 E. Black Horse Pike</u>		Square Feet <u>1500 SF</u>	# of Floors <u>1 SF</u>						
City (s) <u>Egg Harbor Twp, 08234</u>		Bldg. Age <u>60 yrs</u>							
County (6) <u>Atlantic</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>1/2/18</u>	Scheduled Completion Date (11) <u>1/9/18</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Outside Work Area</u>		Street Address <u>361 E. Fleming Pike</u>							
		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <u>2500 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Buildings' Exterior			X	Transite	2500 SF	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature		Date <u>12/22/17</u>			

ASB-41


Do not use this form for asbestos licensure exempted activities.



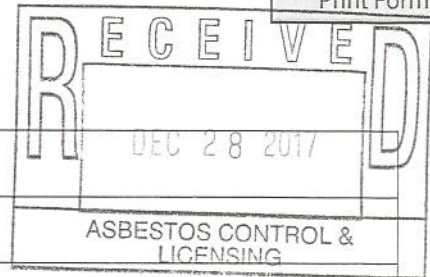
CK 1574  
PAID

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

RECEIVED  
DEC 28 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Sisters of St. Joseph of Peace							
Agencies Notified	Type Notification	Street Address 399 Hudson Terrace							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ 07632							
		Name of Contact Pat Conte							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 399 Hudson Terrace									
City (5) Englewood Cliffs		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 12/26/2018	Scheduled Completion Date (11) 02/30/2018	Name of OSHA Monitor D&S Abatement, 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: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ, 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	800 LF	X			
Chapel		X		Pipe Insulation	400 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 12/22/2017			

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



Date of Notification (1) 12/20/2017		Name of Building Owner/Operator (2) Township of West Caldwell							
Agencies Notified	Type Notification	Street Address 21 Clinton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Caldwell, NJ, 07006							
		Name of Contact Vincent Graziosa	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Police Headquarters Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 Clinton Road		Square Feet N/A	# of Floors N/A						
City (5) West Caldwell		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Police Headquarters Building							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 56 East Bridge Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Morrisville, PA, 19067		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm James W. Frisbee		Telephone No. 609-203-3114	Telephone No. 973-345-8685						
License No. 01311									
Start Date (10) 01/02/2018	Scheduled Completion Date (11) 01/15/2018	Name of OSHA Monitor D&S Abatement, 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: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ, 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Pipe Fittings	150 LF	X			
Boiler Room		X		Rib Packing Cement	50 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totow, NJ		Disposal Date TBD		City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 12/20/2017		



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

CHPC/K-1265

Date of Notification (1) <div style="text-align: center;">12 / 21 / 17</div>		Name of Building Owner/Operator (2) <b>Cedar Meadows Construction Inc.</b>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">DEC 28 2017</div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1301 N. 31st Street</b>		
		City, State, Zip Code <b>Philadelphia, PA 19121</b>		
		Name of Contact <b>Noah Freiberg</b>		
		Telephone Number <b>215-261-0000</b>		ASBESTOS CONTROL & NG

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>1426 Rahway Ave., Former Rancher Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1426 Rahway Ave</b>			
City (5) <b>Woodbridge</b>		Square Feet <b>3,000</b>	# of Floors <b>1</b>
		Bldg. Age <b>50+</b>	
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental Co., Inc.</b>		ASCM No.	
Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>			
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Ave.</b>	
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>
Start Date (10) <div style="text-align: center;">12 / 4 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 15 / 18</div>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM		Street Address <b>923 Haws Ave.</b>	
		City, State, Zip Code <b>Norristown, PA 19401</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>window glazing</b>	<b>150LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>roofing</b>	<b>3,600SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>drywall</b>	<b>7,000SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>heater gasket</b>	<b>5SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>pipe insulation</b>	<b>35LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>floor tile and mastic</b>	<b>70SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>A901 #20990</b>	Cubic Yards of Waste <b>50CY</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>			Disposal Date <b>2/15/18</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>	Signature 		Date <b>12/21/17</b>

PAID

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

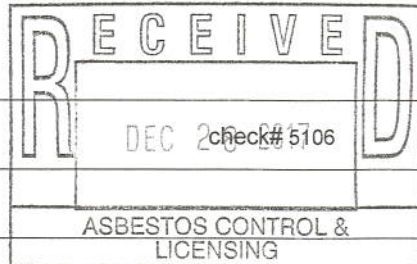
Check # 1268

Date of Notification (1) <b>12 / 21 / 17</b>		Name of Building Owner/Operator (2) <b>Haddonfield Public Schools Board of Education</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   DEC 28 2017 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>1 Lincoln Ave.</b>			
		City, State, Zip Code <b>Haddonfield, PA 08033</b>				Name of Contact <b>John Deserale</b>			
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) <b>Haddonfield Memorial High School - B Wing Gym</b>				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 <b>401 Kings Highway East</b>									
City (5) <b>Haddonfield</b>		Square Feet <b>26,000</b>	# of Floors <b>2</b>	Bldg. Age <b>50</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>school</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services, LLC</b>		ASCM No.		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>1930 Brown Road</b>		Street Address <b>923 Haws Ave.</b>							
City, State, Zip Code <b>Newfield, NJ 08344</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>James Eberts</b>		Telephone No. <b>856-205-1077</b>		Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>				
Start Date (10) <b>12 / 23 / 17</b>		Scheduled Completion Date (11) <b>1 / 31 / 17</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM				Street Address <b>923 Haws Ave.</b>					
				City, State, Zip Code <b>Norristown, PA 19401</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-Wing Gym. exterior steel beams under windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	tar	500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Robinson Waste Haulers</b>		NJDEP Waste Hauler ID No. <b>17304</b>		Cubic Yards of Waste <b>40CY</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>1/31/17</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 		Date <b>12/21/17</b>			



OK 5106

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



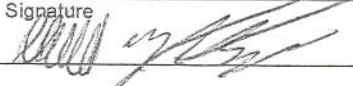
Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Elizabeth Public Library							
Agencies Notified	Type Notification	Street Address 11 South Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07202							
		Name of Contact Mary Faith Chmiel	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Public Library		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 11 South Broad Street		Square Feet 30,000	# of Floors Bldg. Age 50+						
City (5) Elizabeth, New Jersey 07202	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Library						
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 40 Monmouth Par Highway, Suite 2		Street Address 606 McBride Ave							
City, State, Zip Code Long Branch, New Jersey 07764		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000	License No. 01104						
Start Date (10) 01/02/2018	Scheduled Completion Date (11) 01/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:30 PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3' sf or ≥3' lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160' sf or ≥260' lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Restrooms			X	Pipe Insulation/Elbows/Joints	Less than 10LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 01/03/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 12/22/2017		

MO 23857022970

Print Form

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

RECEIVED	DEC 28 2017
	ASBESTOS CONTROL & LICENSING

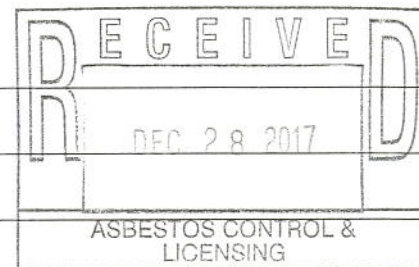
Date of Notification (1) 12/14/2017		Name of Building Owner/Operator (2) Dars Home Improvement LLC							
Agencies Notified	Type Notification	Street Address 22 Temple Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Hackensac NJ,							
		Name of Contact Armando	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 22 Temple Ave.		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.)							
City (5) Hackensac		Square Feet	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) The Asbestos Removal Experts LLC						
Street Address		Street Address 8009 Bergenline Ave.							
City, State, Zip Code		City, State, Zip Code North Bergen NJ, 07047							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-951-6310						
			License No. 01325						
Start Date (10) 12/26/2017	Scheduled Completion Date (11) 1/16/2017	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area and garage		X		Asbestos Pipe Insulation	200 LF	X			
				Asbestos Boiler insulation	145 SF	X			
Name of Registered Waste Hauler Newark Carting INC.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management , Grows					
City, State Newark NJ		Disposal Date TBD		City, State Morrisville , PA					
Completed by Michael Urbizagastegui		Title Owner		Signature 			Date 12/14/2017		



mo 24767996962

Print Form

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



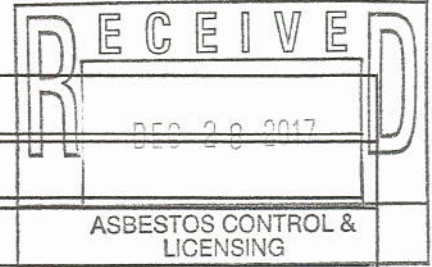
Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Florence Weisz							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Orange, NJ 07079							
		Name of Contact Florence Weisz							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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) South Orange		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Essex	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 01/02/2018	Scheduled Completion Date (11) 01/03/2018	Name of OSHA Monitor D&S Abatement, 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: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ, 07512							
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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	22 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 12/22/2017			



PAID

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

CHK#1860



Date of Notification (1) 12/20/17		Name of Building Owner/Operator (2) R & M Brothers						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Route 130 South City, State, Zip Code Cinnaminson, NJ Name of Contact Kelly-jo Gipe						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Garden State Inn		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 8 commercial buildings, homes, etc.)						
Street Address 601 & 605 Route 130		Square Feet 12,000 sf	# of Floors 1					
City (s) Cinnaminson Twp		Bldg. Age 40yrs						
County (6) Burlington, NJ	County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) Motel					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AEi2, LLC						
Street Address	Street Address 361 E. Fleming Pike							
City, State, Zip Code	City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-481-2122	License No. 00689					
Start Date (10) 1/8/17	Scheduled Completion Date (11) 2/8/17	Name of OSHA Monitor AEi2, 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 361 E. Fleming Pike City, State, Zip Code Hammonton, NJ 08037						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
See Attached			X					
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 40	Name of Registered Landfill TBD				
City, State Hammonton, NJ		Disposal Date TBD		City, State TBD				
Completed By Wm. Minnick	Title Program Mgr.	Signature <i>[Signature]</i>			Date 12/20/17			

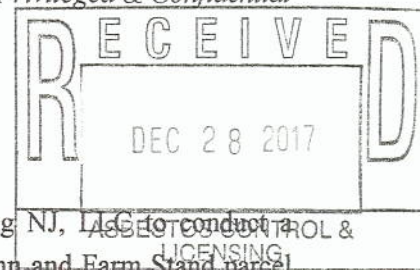
ASB-41

Do not use this form for asbestos licensure exempted activities.



## SECTION 1.0

### Executive Summary



Whitestone Associates, Inc. (Whitestone) was retained by Bohler Engineering NJ, LLC to conduct a survey for asbestos containing materials (ACM) of the existing Garden State Inn and Farm Stand parcel located at 601 & 605 New Jersey State Route 130 in Cinnaminson Township, Burlington County, New Jersey (hereinafter referred to as the subject facility, property, or site). The subject facility was surveyed on March 1 and 2, 2017. The results of the physical survey and sampling program conducted during the site inspection are the subject of this *Summary Report of Findings*<sup>1</sup>.

The purpose of this inspection was to locate, assess, and provide data relative to the condition of friable and non-friable ACM identified within the subject facility with the understanding that the subject structures are scheduled to be demolished. The roofs of the subject buildings were included in the ACM survey at the client's request. The inspections were performed in general accordance with protocol outlined by the United States Environmental Protection Agency (USEPA) in 40 CFR Part 763, pursuant to the Asbestos Hazard Emergency Response Act (AHERA-15 U.S.C. 2642-2656), and as required by N.J.A.C. 8:60 and 12:120 as adopted by the New Jersey Department of Health and Senior Services (NJDOH) and the New Jersey Department of Labor and Workforce Development (NJDOL) on July 13, 2006.

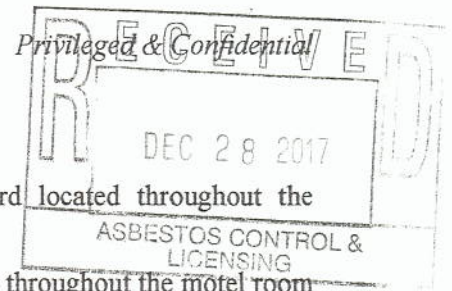
As part of this inspection, a USEPA AHERA-certified asbestos inspector collected bulk samples of both friable and non-friable suspect ACM. Suspect ACM within each space were organized by homogeneous groups, quantified, and sampled in accordance with the AHERA protocol. The inspector collected a total of 342 bulk samples for laboratory analyses which represented each homogeneous material suspected of containing asbestos.

Laboratory analyses of the bulk samples confirmed asbestos present at concentrations greater than one percent in the following materials:

#### Garden State Inn – Main Office

- ▶ approximately 90 square feet of nine-inch by nine-inch black, beige, and red vinyl floor tiles patterned throughout the boiler room;
- ▶ approximately 240 square feet of mastic to 12-inch by 12-inch white paisley-pattern vinyl floor tile located in the southwestern portion of the building; and
- ▶ approximately 15 square feet of miscellaneous tar located on the roof level.

<sup>1</sup> The results presented in this report reflect current regulations, laboratory and field techniques, and current knowledge of the hazards associated with the handling of asbestos. The survey findings are limited only to accessible areas of the subject property. Whitestone can make no representation of materials, adhesives, sealing materials, or materials underlying fixed equipment or appurtenances or not ordinarily visible, exposed, or accessible.



#### **Garden State Inn – Motel Building No.1**

- ▶ approximately 18,000 square feet of joint compound to wallboard located throughout the building;
- ▶ approximately 5,300 square feet of mastic to ceramic wall tile located throughout the motel room bathrooms;
- ▶ approximately 460 linear feet of corrugated pipe insulation located in the central subsurface pipe chase;
- ▶ approximately 40 linear feet of pipe joint/elbow pipe insulation located in the central subsurface pipe chase;
- ▶ approximately 120 linear feet of black tar-based plumbing pipe located at bathrooms and below grade associated with motel rooms 103 through 114 (quantity estimated - see Table 1 notes);
- ▶ approximately 700 square feet of 12-inch by 12-inch light blue vinyl floor tile located in the laundry garage area;
- ▶ approximately 2,800 square feet of fiberglass-embedded roofing material located on the roof level above motel rooms 154 through 158; and
- ▶ approximately 150 square feet of miscellaneous tar at scattered locations throughout the roof levels.

#### **Garden State Inn – Motel Building No. 2**

- ▶ approximately two square feet of flue penetration packing located in the utility room; and
- ▶ approximately 24 square feet of window glaze located at the utility room windows.

#### **Garden State Inn – Motel Building No. 3**

- ▶ approximately 60 square feet of miscellaneous tar located on the roof levels.

#### **Garden State Inn – Motel Building No. 4**

- ▶ approximately 60 square feet of water tank insulation located in the basement;
- ▶ approximately 30 square feet of corrugated pipe insulation debris located on the floor in the eastern portion of the basement; and
- ▶ approximately four square feet of transite sheeting located in the first floor boiler room.

#### **Garden State Inn – Motel Building No. 5**

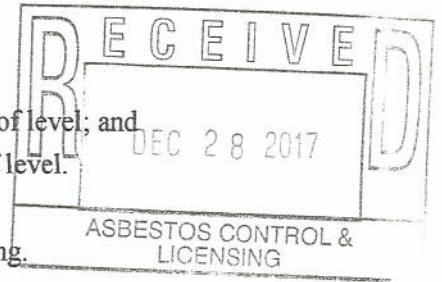
- ▶ approximately 3,500 square feet of mastic to ceramic wall tile located throughout the motel room bathrooms; and
- ▶ approximately 100 square feet of miscellaneous tar located on the roof level.



**Garden State Inn – Motel Building No. 6**

- ▶ approximately 14,000 square feet of roofing material located on the roof level; and
- ▶ approximately 120 square feet of miscellaneous tar located on the roof level.

No ACM was identified associated with the Garden State Inn – Storage Building.



**605 New Jersey State Route 130 – Farm Stand**

- ▶ approximately 30 square feet of boiler packing material located on the boiler in the rear room; and
- ▶ approximately 100 square feet of miscellaneous tar located on the roof levels.

Sample locations are depicted on the attached *Asbestos Sample Location Plans* provided as Figures 2A through 2P of this report.

CK 88809 PAID

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

RECEIVED  
DEC 28 2017  
ASBESTOS CONTROL & LICENSING

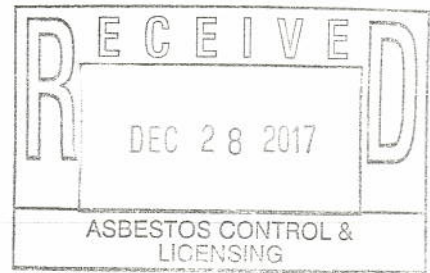
Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) United Airlines, Inc.	
Agencies Notified	Type Notification	Street Address 233 S. Wacker Drive - 11th Floor HDGOU	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60606	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport Building 151/151A		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 151 Conrad Road		Square Feet 10,000	# of Floors 1
City (5) Newark		Bldg. Age 68	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Airport	
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services
Street Address 104 East 25th Street 8th Floor		Street Address 11-02 Queens Plaza South	
City, State, Zip Code New York, NY 10010		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm		Telephone No. 212-353-8306	License No. 28675
Start Date (10) 01/04/2018	Scheduled Completion Date (11) 06/04/2018	Name of OSHA Monitor Wojciech Kowalczyk	
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 133 Beach 98th Street	
		City, State, Zip Code Rockaway Park, NY 11694	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

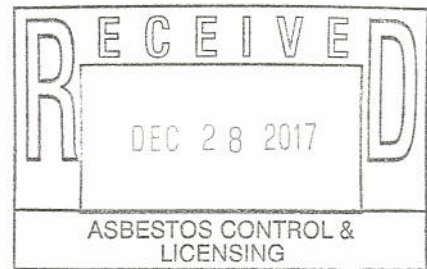
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967	Disposal Date 01/20/2018	City, State Waynesburg, OH 44688	
Completed by Ann Ali	Title Compliance Admin	Signature	Date 12/22/2017





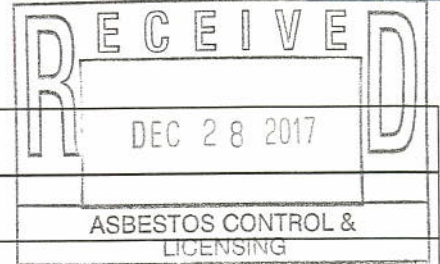
BASE BID SCOPE OF WORK BREAKDOWN	LUMP SUM PRICE	Unit Price for Added Work	Unit Price for Deducted Work
disposal of the light bulbs is not included in this scope of work.			
<b>7) Lump Sum Price for 14,000 SF of ACM Fireproofing:</b>			
Phase One - Full Containment Abatement of 14,000 SF of ACM Fireproofing that is located in the First and Second Floors (above the ceilings) well as in the 2nd Floor Roof Overhang (exterior soffit) of Bldg 151. All Suspended Ceiling Tiles and Soffit boards are to be removed and disposed as ACM.			
<b>8) 1,500 SF of ACM Floor Tiles and ACM Mastic:</b>			
Removal of 900 SF of VAT (the bottom 2 layers of 3 layers) and mastic in Phase One in Bldg 151A, plus an additional 600 SF of ACM Floor Tile and mastic in Bldg 151, for a total quantity of 1,500 SF.			
<b>9) 10,000 SF of ACM Tar Vapor Barrier/Damp Proofing:</b>			
This material is presumed to have been applied to the exterior face of the concrete block walls prior to the application of the brick veneer. The brick veneer needs to be removed in order to gain access to the Damp Proofing. For bidding purposes we are assuming that these walls were constructed as cavity walls, and that the brick veneer is not mortared to the face of the concrete block walls. All brick veneer will be disposed along with the building debris as Non-ACM waste.			
<b>10) Lump Sum Price for 1,500 LF of Door Caulk:</b>			
Remove the ACM Door Caulking from around the exterior doors.			
<b>11) Lump Sum Price for 400 LF of ACM Pipe Insulation =</b>			
Based on the Addendum #1 Abatement Phasing Plan, and the Responses to Bidders Questions provided in Addendum #3, there is expected to be 220 LF of ACM Pipe Insulation on horizontal pipes that are hanging			



BASE BID SCOPE OF WORK BREAKDOWN	LUMP SUM PRICE	Unit Price for Added Work	Unit Price for Deducted Work
from the exposed ceiling in the Warehouse. The remaining 180 LF of ACM Pipe Insulation is presumed to existing inside vertical chases in Bldg 151. To access the pipes in the vertical chases, the chases will need to be partially removed. For bidding purposes, we assume that the chases were constructed of metal studs and sheetrock.			
<b>12) 90 SF of ACM Vibration Cloth:</b>			
Removal of 90 SF of Vibration Cloth that is located in the ceiling area of Bldg 151 at nine locations where the Vibration Cloth is between the AC/Heater Units and their associated ductwork. Each Vibration Cloth is expected to be roughly 1' wide x 10' long.			
<b>13) 400 LF of 4" diameter Transite Pipe Removal:</b>			
Removal of 400 LF of Transite (ACM) Pipe that is located under the floor slab of the two buildings as shown on the Addendum #1 Abatement Phasing Plan. There are four areas that are expected to yield 100 LF of Transite Pipe. For bidding purposes, we are ignoring the reference to Wire Wrap or Tar Wrap. This bid proposal is based on the removal and disposal of 400 LF of 4" (assumed size) diameter Transite Pipe. The GC will remove the floor slab and excavate and expose the Transite Pipes for Abatement by the ACM Abatement Subcontractor.			
5,000 SF of Sub-grade Mastic			
<b>Total Base Bid Amount for the Abatement Scope of Work =</b>			
Submitted by (company name) _____		Authorized Person: _____	
Number of Work Weeks to complete the above work Scope: _____ weeks		This Date: _____	



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

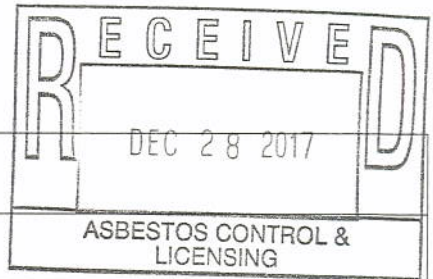


Date of Notification (1) December 18, 2017		Name of Building Owner/Operator (2) PPG Industries Inc.							
Agencies Notified	Type Notification	Street Address One PPG Place							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsburgh, PA 15272							
		Name of Contact Jody Overmeyer	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 30000	# of Floors 2						
		Bldg. Age blt 1927							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis		Name of Abatement Contractor (9) Abatement Unlimited, Inc.							
Street Address 10 Friends Lane, Suite 200		Street Address 4332 Bullard Avenue							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Bronx, NY 10644							
Project Manager for Monitoring Firm James S. McLaughlin, PG, CSP		Telephone No. 2158151030	License No. 01067						
Start Date (10) January 8, 2018	Scheduled Completion Date (11) September 1, 2018	Name of OSHA Monitor Abatement Unlimited, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 4332 Bullard Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bronx, NY 10466							
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Fl. Offices			X	Floor Tile	4,700 SF	X			
Roof - South, North, Upper Main			X	Builtup Roof	26,800 SF	X			
Ext - Window Caulk N, S, E, W			X	Window Caulk	1,600 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste as needed	Name of Registered Landfill					
1. ATC 2. Weigle Trucking 3. Bryce Alterior Tr 2. NJ DEP #17634 3. NJ DEP #35848		1. SW-24310		Minerva Enterprises					
City, State		Disposal Date		City, State					
1. Shirley, NY 2. Linden PA 3. Milesburg PA		TBD		Waynesburg, OH					
Completed by John Barone		Title Senior Project Manager		Signature <i>John Barone</i>				Date 12/20/17	



No ck

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

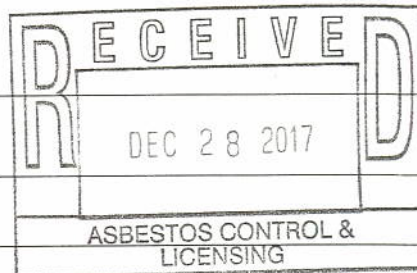


Date of Notification (1) 12 / 21 / 17		Name of Building Owner/Operator (2) Cedar Meadows Construction Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 N. 31st Street City, State, Zip Code Philadelphia, PA 19121 Name of Contact Noah Freiberg Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Former Superintendents Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) Woodbridge	Square Feet 3,000	# of Floors 2	Bldg. Age 50+					
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Co., Inc.	ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E	Street Address 923 Haws Ave.							
City, State, Zip Code Mickleton, NJ 08056	City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398					
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 2 / 15 / 18	Name of OSHA Monitor Plymouth Environmental Co., Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 923 Haws Ave. City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite ceiling	108SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	90LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. A901 #20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE	Disposal Date 2/15/18	City, State Waynesburg, Ohio						
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 				Date 12/21/17		



Wp c/c

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

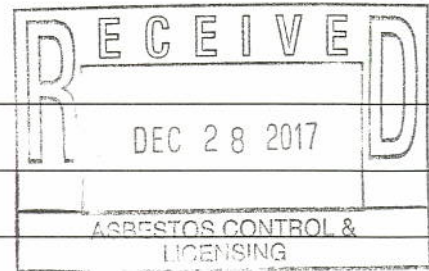


Date of Notification (1) <b>12 / 21 / 17</b>		Name of Building Owner/Operator (2) <b>Cedar Meadows Construction Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1301 N. 31st Street</b>							
		City, State, Zip Code <b>Philadelphia, PA 19121</b>							
		Name of Contact <b>Noah Freiberg</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Administrators Residence/Duplex</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Woodbridge</b>		Square Feet <b>3,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>50+</b>							
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental Co., Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Ave.</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>	Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>						
Start Date (10) <b>12 / 4 / 17</b>	Scheduled Completion Date (11) <b>2 / 15 / 18</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM		Street Address <b>923 Haws Ave.</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>floor tile and mastic</b>	<b>650SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ceiling tile and glue dots</b>	<b>600SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>linoleum</b>	<b>180SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>A901 #20990</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>2/15/18</b>	City, State <b>Waynesburg, Ohio</b>						
Completed By (Print or Type) <b>James M. Kelly</b>	Title <b>Vice President</b>	Signature 				Date <b>12/21/17</b>			

Nock

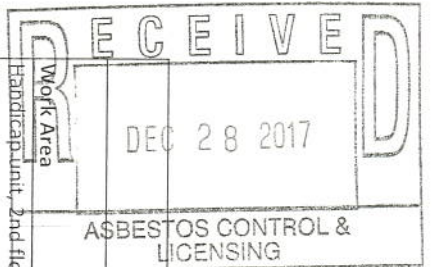
Print Form

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



Date of Notification (1) 12/27/17		Name of Building Owner/Operator (2) Victorian Towers							
Agencies Notified	Type Notification	Street Address 608 Washington Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May, NJ							
		Name of Contact Mr. Mike Petronaci	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Victorian Towers		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 608 Washington Street		Square Feet 120,000	# of Floors 6						
City (5) Cape May		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) December 20, 2017	Scheduled Completion Date (11) February 28, 2018	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Work only in segregated, unoccupied areas</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 12/27/17			





Permit Fee Summary  
Victorian Towers, Washington Street, Cape May

Work Area	Is location normally solely by Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Encapsulate/Enclose	Over NESHA	TEM req'd	Fee
Handicap unit, 2nd floor	n	popcorn ceiling treatment	100	sf	remove	no	no	\$ 200.00
Handicap unit, 3rd floor	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap unit, 4th floor	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap unit, 5th floor	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap unit, 6th floor	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 2nd fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency 3rd fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 4th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 5th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 6th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Lobby ceiling	n	stucco	1500	sf	remove	yes	yes	\$ 200.00
Window opening, throughout, 1 sf/apt.	n	popcorn encapsulate	600	sf	encapsulate	no	no	*
Throughout, as encountered	n	fitting insulation	25	Each	remove	no	no	*
Mens room	n	VAT	144	sf	remove	no	no	*
Ladies room	n	VAT	144	sf	remove	no	no	*
Kitchen	n	VAT	10	sf	remove	no	no	*
Construction office	n	VAT	140	sf	remove	no	no	*
First floor, stage	n	tar paper	540	sf	remove	yes	yes	\$ 200.00
Projected Total								\$ 600.00

\* facility notification fee of \$200.00 for all work areas below NESHA's.  
No further fee due at this time per telecon with Tom Voorhees and Maya.

December 27, 2017  
JB 10:00 AM, 12/27/17

12/22/2017 09:07AM 9736381

# PAID

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

MO#24499218521

RECEIVED	
PAGE 83/84	DEC 28 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) Glenn Sisco	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DO.WD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Sussex, NJ 07461	
Name of Contact Glenn Sisco		Telephone Number (11) [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Sussex, NJ 07461		County (6) Sussex	
County Code (7) (STATE USE ONLY) Sussex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 12 / 23 / 17		Scheduled Completion Date (11) 12 / 24 / 17	
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 _____ AM		Name of OSHA Monitor [REDACTED]	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 250 lf		Street Address 20-21 Wagaraw Road, Bldg # 35E	
City, State, Zip Code Fair Lawn, NJ 07410		License No. 01127	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Amount (Specify SIF or LF) 240 LF	
Abatement Type Removal Repair Encapsulate Enclosure		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.P. Inc.	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 12/22/17	

MAY 11

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